DOCUMENT RESUME

ED 330 026 EA 022 563

TITLE	At-Risk Youth in Crisis: A Handbook for Collaboration between Schools and Social Services. Volume 2: Suicide.
INSTITUTION	ERIC Clearinghouse on Educational Management, Eugene, Oreg.; Linn-Benton Education Services District, Albany, Oreg.
SPONS AGENCY	Office of Educational Research and Improvement (ED), Washington, DC.
REPORT NO	ISBN-0-86552-109-3
PUB DATE	Mar 91
CONTRACT	OERI-R-188062004
NOTE	86p.; For volume 1, see EA 022 562.
AVAILABLE FROM	ERIC Clearinghouse on Educational Management, University of Oregon, 1787 Agate Street, Eugene, OR 97403 ($7.50 plus $2.50 postage and handling on billed orders).
PUB TYPE	Information Analyses - ERIC Clearinghouse Products (071) -- Guides - Non-Classroom Use (055) -- Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Agency Cooperation; Check Lists; Community Resources; Cooperative Planning; Cooperative Programs; Coordination; *Crisis Intervention; Elementary Secondary Education; Guidelines; *High Risk Students; Human Services; Prevention; Responsibility; Risk; *School Community Relationship; Shared Resources and Services; *Social Services; *Suicide

ABSTRACT

A youth suicide became the impetus for an Oregon education service district's leadership in spearheading a collaborative effort with local schools and community agencies to develop a handbook detailing acceptable, proven guidelines for appropriate interventions. This volume of the handbook series is designed to provide educators with appropriate responses to students at risk for suicide. Topics include: immediate crisis intervention processes, long-term prevention considerations, and community resources available to assist in the prevention of youth suicide. Also discussed are suicide prevention training, policy and procedure development, and legal requirements. Examples of district suicide prevention, intervention, and postvention policies and guidelines are provided along with forms that schools and districts have developed for these purposes. (38 references) (MLF)

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Volume 2: Suicide

Linn-Benton Education Service District
and
ERIC
Clearinghouse on Educational Management

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AT • RISK

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A Handbook for

Collaboration

Between

Schools and

Social Services

Volume 2: Suicide

Copublished by
Linn-Benton Education Service District
Albany, Oregon
and
ERIC
ERIC Clearinghouse on Educational Management
University of Oregon
Eugene, Oregon
March 1991

Design: Leeann August

International Standard Book Number: 0-86552-109-3
ERIC/CEM Accession Number: EA 022 563

Printed in the United States of America, 1991
ERIC Clearinghouse on Educational Management
University of Oregon, Eugene, OR 97403

Prior to publication, this manuscript was submitted for critical review and determination of professional competence. The publication has met such standards. The publication was prepared with funding from the Office of Educational Research and Improvement, U.S. Department of Education, under contract no. OERI-R 188062004. The opinions expressed in this report do not necessarily reflect the positions or policies of the Department of Education.

No federal funds were used in the printing of this publication.

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CRISIS

At-Risk Youth in Crisis: A Handbook for Collaboration Between Schools and Social Services

Volumes planned for this series are listed below:

Volume 1: Introduction and Resources (February (1991)
Volume 2: Suicide (March 1991)
Volume 3: Child Abuse (May 1991)
Volume 4: Substance Abuse (June 1991)
Volume 5: Attendance Services (1992)
Volume 6: Teen Parenting (1992)

FOREWORD

Children who are at risk of dropping out of school or at risk of emotional, psychological, or physical injury have a tremendous impact on the economic, social, and political well being of our communities. Educators and human service providers alike are currently being asked to provide a broader range of services to an increasing population of troubled children—often with a simultaneous decrease in available human and fiscal resources. Today's challenges require a comprehensive community response to a community need. Consequently, the need for community collaboration in providing an effective response has become overwhelmingly apparent.

The Linn-Benton Education Service District and the ERIC Clearinghouse on Educational Management are pleased to make this *At-Risk Youth in Crisis* Handbook Series available to school districts across the nation that want to respond to the need for collaboration in their own communities.

A local tragedy involving a youth suicide became the impetus for Linn-Benton Education Service District's leadership in spearheading a collaborative effort with local schools and community agencies to develop a handbook detailing acceptable, proven guidelines for appropriate interventions. The handbook contained clear procedures for schools and agencies to follow in relation to crisis situations occurring in schools. Decisions involving crisis situations necessitate shared responsibilities among school staff and human service providers in order to provide the most appropriate and effective response to all parties of interest.

In its original form, the document was titled *A Principal's Handbook: Serving At-Risk Students in Crisis.* The handbook, developed specifically for all the schools in Linn and Benton Counties, Oregon, was contained in a three-ring binder with four initial sections: Suicide, Child Abuse, Substance Abuse, and Community Resources. With the active support of Circuit Court Judges William O. Lewis and Frank O. Knight, all the major human service agencies in the two-county area participated in the development and implementation of the handbook. At the same time, six Youth Service Teams were formed in key areas, whereby two interagency county units were activated.

Benefits of this collaborative effort have included a clear delineation of school/agency responsibilities, realistic guidelines, improved relationships between

schools and agencies, an increase in additional collaborative efforts, and, most importantly, a sense of community responsibility. And, of course, the child ultimately becomes the big winner.

Recognizing the success of this effort in Linn and Benton Counties, the ERIC Clearinghouse on Educational Management devised a plan to make the Handbook available to a national audience. First, the Clearinghouse asked the coordinators of the Linn-Benton project to write the overview of the program that is contained in Volume 1. This description covers why and how the Handbook was developed and advises other school districts on forging similar collaborative endeavors in their own communities.

Second, the Clearinghouse assembled the resource materials contained in the second section of this volume. These materials include two *ERIC Digests* and resumes of journal articles and research reports, books, and papers in the ERIC database on collaboration between schools and social service agencies.

Subsequent volumes in the *At-Risk Youth in Crisis* Handbook Series deal with specific crisis issues: Suicide (Volume 2), Child Abuse (Volume 3), and Substance Abuse (Volume 4). All these volumes will be in print by the end of 1991. Volumes currently being written on Attendance Services and Teen Parenting will be published in 1992.

We wholeheartedly support this important work and encourage other education and community agencies to engage in the valuable process of collaboration.

Gerald J. Bennett
Superintendent
Linn-Benton Education Service District

Philip K. Piele
Professor and Director
ERIC Clearinghouse on Educational Management

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INTRODUCTION

This volume of the *At-Risk Youth in Crisis* Handbook Series is designed to provide educators with appropriate responses to students at risk for suicide. Topics include immediate crisis intervention processes, long-term prevention considerations, and community resources available to assist in the prevention of youth suicide.

School staff, parents, and the community share responsibility for responding to a suicidal child. Just as there is more than one cause for suicide, there is also more than one solution to help such troubled youth, and the solutions involve people working collaboratively.

The idea of *shared responsibility* brings up the question of boundaries. In other words, "Who has what part of the responsibility?" It would be simple if the answer were as clear-cut as the common myths:

Myth: It is solely the *school staff responsibility* to identify students at risk for suicide and to notify parents that intervention is needed.

Myth: It is solely the *parents' responsibility* to seek treatment for the child if they are concerned about the risk of suicide or treatment is recommended by school staff.

Myth: It is solely the *community agencies' responsibility* to assess and treat when necessary those children referred by parents or school staff.

For a number of reasons, clear boundaries delineating responsibility between the participants do not exist. The responses necessary to help suicidal youth are often dependent upon exchange of information among all of those persons concerned with the student's welfare. To say that schools' responsibilities end with identification and the subsequent notification of the parents of at-risk students is to create an artificial boundary line which may impede the process necessary to help the student.

An additional factor which prevents clear boundary lines for responsibility is the importance of balancing the need for intervention with the need to respect both the privacy of the home and the rights of parents in decision making.

While a number of factors prevent the establishment of clear lines of responsibility between schools, parents, and community agencies, there are processes and procedures that can enhance the collaborative effort toward preventing youth suicide.

WARNING SIGNS

KEY POINTS

Behavioral

- gestures and attempts
- making special preparations
- obtaining means to suicide
- giving away valued possessions
- leaving suicide messages with friends
- sudden changes in behavior pattern
- a sudden inexplicable calm or euphoria
- excessive risk-taking
- extreme mood swings
- substance abuse

Verbal

- "I wish I'd never been born."
- "I just want to end it all."

Situational

- loss
- perceived failure
- pregnancy
- family turmoil

Depressive Symptoms

- loss of interest
- physical changes
- general apathy

COMMUNICATING WITH THE STUDENT AT RISK FOR SUICIDE

KEY POINTS

"Suicide is a permanent solution to a temporary problem."

"Problems are best handled one at a time."

"People care about you."

"There is help available."

STEPS TO CONSIDER IN RESPONDING TO SUICIDAL YOUTH

KEY POINTS

1. Refer to in-school resources
2. Complete informal assessment of risk
3. Utilize team decision making
   - A. Safety
   - B. Parent notification
   - C. Outside referral
   - D. Setting up support system
4. Follow up with student, parents, and resources
5. Document all efforts
6. Maintain a calm attitude

ASSESSMENT OF RISK

KEY POINTS

Questions to Ask:

A. Have you been thinking about killing yourself?

B. How would you kill yourself?

C. Have you ever attempted suicide?

D. Has anyone in your family ever attempted or committed suicide?

E. What do you think the odds are that you will kill yourself?

F. What do you think is in store for you in the future?

G. Is there anyone or anything to stop you?

H. What has happened that makes life seem not worth living?

STEPS TO CONSIDER IF A SUICIDE HAS OCCURRED

KEY POINTS

Follow the Crisis Plan in your building

Share information

Allow for expression of feelings

Identify the vulnerable

Teach alternatives to suicide

FACTS ABOUT SUICIDE

The lives of almost all educators will be touched directly or indirectly by the shocking intrusion of youth suicide. While reliable figures are difficult to obtain due to the lack of standardized reporting (to protect families from further trauma, for instance, many suicides are not reported as such), there does appear to have been a tremendous increase in suicide among youth over the past few decades. The following selected statistics emphasize the prevalence of youth suicide.

DATA ON PREVALENCE OF YOUTH SUICIDE

Suicide is the second leading cause of death among people ages 15 to 24.

Oregon ranks eighth in youth suicides per capita.

Teenagers commit suicide in Oregon once every two weeks.

From 1961 to 1975 there was an increase of 150 percent in the suicide rate for persons 10 to 24.

For every suicide that succeeds, there are estimated to be an additional 50 that do not.

One in ten youth suicide attempts have been related to problems at school.

For every girl who completes suicide, four boys succeed. Suicide attempts, however, occur three times more often in girls than boys.[1]

80 percent of youth who kill themselves have made previous attempts.

THE MOTIVE FOR SUICIDE

The primary motive for suicide is to stop pain, not to be dead. The suicidal person is seeking relief from an intolerable situation and experiences a loss of hope for the future. As stated by Hals, "Suicide is a desperate act, attempted by those who feel they have exhausted all other alternatives."[2] It is an expression of intense feelings when other forms of communication have failed.

When people choose suicide to solve their problems and to stop the pain, they are choosing a permanent solution to a temporary problem.

Suicidal persons experience much ambivalence about life and death. On one hand, they experience feelings of wanting to control their own death. On the other hand, they are crying out for help. These people are confused by contradictory feelings, but most of them desperately want to live.

DISPELLING MYTHS ABOUT SUICIDE

MYTH: People who talk about suicide do not commit it.
FACT: Most people give definite warnings that they will attempt suicide.

MYTH: Talking to someone about their suicidal feelings might cause them to commit suicide.
FACT: The opposite is often true. Direct questioning about someone's suicidal intent will frequently deter suicidal behavior by creating an opportunity to vent emotions, and to experience the care and concern of another person.

MYTH: All suicidal people want to die and there is nothing that can be done about it.
FACT: Most suicidal people are ambivalent about dying. They are seeking removal from an intolerable situation, not death.

MYTH: When people talk about killing themselves, they are just looking for attention. Ignoring such talk is the best thing to do.
FACT: Ignoring such persons is the worst thing to do. Without needed attention, the likelihood of an attempt increases.

MYTH: Suicide tends to occur more frequently in the lower socioeconomic group.
FACT: No particular socioeconomic group is more susceptible to suicide.

MYTH: After depression begins to subside, there is no longer danger of suicide.
FACT: Most suicides take place within the first three months after depression lifts.

VOCABULARY OF SUICIDE

SUICIDAL GESTURE	An act that is representative of self-destructiveness, but could not result in death
SUICIDAL IDEATION	Experiencing thoughts about committing suicide
SUICIDAL THREAT	Doing or saying something that reveals a self-destructive desire
ATTEMPTED SUICIDE	A serious, self-destructive act which could have resulted in death but didn't
COMPLETED SUICIDE	The taking of one's life with conscious intent
LETHALITY LEVEL	The degree of risk inherent in a self-destructive act

IMMEDIATE CONSIDERATIONS FOR SCHOOLS

Teachers and other school staff are frequently considered the *first line of contact* in reaching the suicidal student. This is so because they are often the first professionals to encounter the child on a daily basis and to recognize the seriousness of the child's problems. With the dramatic increase in youth suicide over the past decade, school staff are experiencing a strong need for uniform processes they can immediately follow with situations involving risk of suicide. Such processes may include:

How to identify students at risk for suicide

How to communicate with students at risk for suicide

What to do after a suicide has occurred

IDENTIFICATION

Early identification of the student at risk for suicide means a chance for early intervention.

Early intervention can ultimately save student lives. Youth spend a major portion of their day at school. If they have problems, the problems will show up in their interactions, behavior, or work at school.

Potentially serious problems in adolescents are frequently overlooked by people because they expect problems during adolescent development. Feelings of hopelessness, depression, and despair are no more typical for adolescents than they are for adults.

The Suicidal Youth

There is no single profile for the "suicidal youth." According to Reynolds,[3] suicidal behavior may be manifested in a variety of ways:

> Suicidal behavior may be manifested as part of a psychotic process where hallucinatory voices tell one to perform self-destructive acts.
>
> There may be a clinical picture of depression with concomitant feelings of hopelessness. There may be a personality disturbance as in the borderline personality where anger and impulse control get out of hand and self-destruction takes over.
>
> There may be a child with a conduct disorder who, after continually getting into more and more trouble, decides life isn't worth the hassle.
>
> Then, there is the loner, outsider type who doesn't seem to fit in with the peer group and in an existential sense decides non-existence is preferable.

In general, those youth at high risk are those who are *depressed, isolated,* and *angry-impulsive.* Over 50 percent of suicidal youth are considered

depressed. Most are isolated in that they are cut off either geographically or emotionally from friends and relatives. Most are angry-impulsive and thus tend to strike out without thinking. Usually, the more depressed and agitated the child, the higher the risk that they will attempt suicide.

Several research studies,[4] investigating common factors among youth who had attempted suicide, found the following factors significant:

- Depression
- Loneliness
- Confusion
- Fear
- Anger
- Feelings of hopelessness and helplessness
- Severe stress
- Possible drug or alcohol abuse
- Negative feelings about self
- Lack of friends
- Turmoil within family
- Poor problem-solving skills

In a research study that compared depressed non-suicidal youth with depressed suicidal youth, the suicidal youth were found to be poorer problem-solvers and to have serious school disturbances, more significant peer problems, and no close confidant.[5]

Most Suicidal Youth Give Warning

Very few suicides occur spontaneously; usually this is the final step of a progressive failure of the child to adapt to his living situation. Suicide is usually the result of a gradual wearing-away process which has sometimes been termed "suicidal erosion."

Because suicidal people are ambivalent about dying and usually want to be rescued, about 75 percent serve notice—by presenting various clues—that they are thinking about killing themselves. Therefore, school staff are in an opportune position to pick up the early warning signs given by a suicidal youth and may be able to prevent a suicide from happening.

WARNING SIGNS

While there are a variety of early warning signs which may indicate risk for suicide, it is most important to look for a constellation of signs. Avoid pushing the panic button simply because one sign is noticed; however, a clustering of warning signs may indicate the need for immediate action.

Behavioral

- Suicidal gestures and attempts are the most obvious behavioral warnings. Talk about suicide, or even the most superficial attempts, should be taken seriously. Often adults will think that a youth's suicide gesture or attempt was "just to gain attention." If the youth's only way to ask for attention is through suicide gestures or attempts, this itself is a

strong indication that he or she needs help.

Youth will often turn to more lethal methods if their attempts at communicating aren't heard and responded to.[6] Of the people who do succeed in killing themselves, it has been estimated that 40 percent to 45 percent of them have made attempts previously. Thus the strongest behavioral warning is a previous attempt.

- Making special preparations such as settling all debts, writing a will, saying goodbye, or uncharacteristically putting things in order may be a sign that the student is preparing for death.
- Obtaining the means to suicide, as when a student shows off a gun, sleeping pills, or poison may be a clue to suicidal intent.
- Giving away of valued possessions by a student may be a sign that the student is planning suicide. A student who tells someone, "You can have my guitar if anything happens to me," is leaving such a clue.
- Leaving messages with friends indicating that the student is thinking about suicide is a warning
- Sudden changes in behavior may signal suicidal risk whether it be a quiet student who becomes aggressive, a high achiever who suddenly begins failing, or an outgoing student who becomes withdrawn. A sudden increase in violent, disobedient, or over-emotional behavior may also be a clue. In addition, a student who suddenly begins skipping school and/or running away may be giving warning.
- A sudden inexplicable calm or euphoria following a severe or lengthy depression can be especially revealing.
- A student who has appeared depressed over a long period of time who suddenly seems happy or remarks, "I've found the answer to all my problems," may have decided upon total escape. People don't bounce back overnight from a deep and protracted depression unless there is an important reason. It's necessary to find out why the severe depression has lifted.
- Excessive risk-taking by a student such as drinking too much, driving too fast, or playing dangerous games may be a sign of self-destructive feelings.[7]
- Extreme mood swings not appropriate to the situation such as tension, anxiety, depression, and guilt can be an indication of suicidal thought.
- Substance abuse as an isolated symptom may not lead to suicidal thoughts or feelings; however, it can aggravate already existing problems. Sometimes using substances releases or causes a depression that can precipitate a suicide attempt.[8]

Studies indicate that youth frequently use alcohol or drugs just prior to carrying out their suicide attempts. In interviews with youth who had attempted suicide previously, many reported using substances as a way to gain the courage to follow through with their suicidal plans.[9]

Verbal

A second type of early warning sign consists of verbal warnings. The idea that people who talk about killing themselves never do so is clearly a myth. Verbal statements often precede suicide attempts.

Some students use vague phrases; others may give clear messages such as "I am thinking about committing suicide." Verbal warnings are sometimes so vague that they may be casually dismissed by people who do not want to acknowledge that a serious threat has been made. All suicide language should be taken seriously.

Examples of possible verbal warnings include:

"Sometimes I wonder if life is worthwhile."

"I wish I'd never been born."

"I can't take it anymore."

"Everyone would be better off without me."

"I just want to end it all."

"I won't be around much longer."

"Life has lost its meaning for me."

"I wonder if you feel pain before you go to sleep."

Situational

Some situations are so conducive to suicidal thoughts and feelings that the situation itself constitutes the early warning signal. In other words, the student need not say anything to indicate that this is an early warning sign; merely being in the situation means the student is in a higher risk category where suicide is concerned.

While many situations can trigger serious depression, the key is to distinguish between normal grief and one that is an over-reaction to the situation.[10]

Typical situations which can lead to suicidal thoughts and feelings include losses, perceived failure, pregnancy, and severe family turmoil.

- Loss: Behind most suicides is a loss. It may be related to loss of a family member, a friend, status, self-esteem, attention, understanding, a significant relationship, or health.
- Perceived Failure: A student who sets up unrealistic goals, who tries to live up to parents' stringent expectations, or who competes against another's achievements may give up under the stress of the eventual failure.[11]
- Pregnancy: A national study found that one-fourth of all teenage girls who committed suicide were pregnant.[12]

- Family Turmoil: Severe family turmoil, previous suicidal behavior by family members, and physical and/or sexual abuse occurring within the family are factors increasing the risk of suicide.

Depressive Symptoms

The fourth type of early warning signal may involve a combination of depressive symptoms. The most common symptoms of depression are related to loss of interest, physical changes, and general apathy.

- Loss of Interest may be demonstrated by a student who appears to be sitting around vegetating; withdraws from activities, friends, and the opposite sex; and appears unable to experience any pleasure.
- Physical Changes in a depressed student may become evident, such as slowing down of speech; loss of appetite; inability to sleep; fatigue; lethargy; low frustration tolerance—becomes easily agitated; or inability to concentrate.
- General Apathy can be demonstrated by a student who gives up easily, puts himself down constantly, shows indifference to death by taking risks, has no desire to socialize, appears withdrawn and/or preoccupied, tends to dwell on problems, appears quite sad, and cries for no apparent reason.

While most depressed people never attempt suicide, most suicidal people do exhibit depressive symptoms. People who kill themselves are those who have lost all hope. Thus, hopelessness as one aspect of depression may be a strong predictor of suicidal behavior.

COMMUNICATING WITH THE STUDENT AT RISK FOR SUICIDE

- "Suicide is a permanent solution to a temporary problem." Emphasize that all people experience emotional highs and lows in their lives. Emphasize the temporary nature of problems and that the crisis will pass in time.
- "Problems must be handled one at a time." Assist students in separating and partitioning their problems. Focus on problem solving; help the student develop and expand a sense of having options. Try to take a positive approach by emphasizing the student's most desirable alternatives.
- "There is hope for the future." Immediately upon sensing the possibility of suicide, it is important to introduce the concept of hope to the student. Focus on the future.
- "People care." Tell the student that you care and offer support. Those who attempt suicide usually feel worthless, alone, and unloved. Letting the student know he/she is not alone and that you and others care is important. By demonstrating such concern you may, in effect, be saving the student's life.
- "There is help available." Assure the student that you will help him or her in addition to referring the student to another resource person. Sometimes students are referred to a counselor and then emotionally abandoned by the person making the referral. This may happen out of a sense of fear and helplessness on the part of the helper. If a student

picks you to talk to, then the student already has some trust in you. While the student may be seeing an outside professional, he/she could still benefit from your support and understanding.

KEY HELPING SKILLS

Be Accepting. Even if you do not approve of the student's perceptions of the problems or solutions, it is important that you compassionately accept those perceptions as theirs at the moment, acknowledge their right to them, and be a good friend.

Use Active Listening. Take the time to listen carefully to the student and focus on the student's feelings. Help the student understand his/her situation by paraphrasing the feelings you hear. Verify with the student your understanding of what the student is saying and feeling.

Use Constructive Questions. The use of constructive questions can help the student separate and define problems, remove confusion, and provide some clarity on the availability of options.

Be Resourceful. Help the student to define alternatives and find other sources of support for them. Explore previously used coping strategies and suggest new ones.

Get Help for Yourself. The best way to get help for yourself when you have talked to a student at risk for suicide is to share such information with others. Certainly, discretion must be used in regard to discussing a confidant, and such a determination is not always easily made. It may be helpful when faced with such a decision to ask yourself, "If the student committed suicide tonight, who would I wish I had told today?"

THINGS TO AVOID

Acting shocked. This may be interpreted as rejection.

Being judgmental about what the student is saying.

Minimizing the student's problems or reactions.

Arguing about the moral aspects of suicide.

Telling the student to go see a counselor and then avoiding any further contact with him or her.

Trying to make the student feel guilty about the pain the suicide would cause family or friends; that pain may be exactly what he/she is trying to accomplish!

Treating the student as different or fragile.

Removing normal behavioral expectations of the student.

Agreeing to keep the student's the suicide ideation, threats, or attempts confidential.

STEPS TO CONSIDER IN RESPONDING TO SUICIDAL YOUTH

It is important that decisions involving potential for student suicide and development of a crisis plan be made by a team, rather than by any one individual staff member. Sharing information within a team can be an antidote, both emotionally and practically, for the frightening sense of personal responsibility one takes for another life when such information is kept confidential.

It is important that intervention occur if the student has self-disclosed or has been identified as a potential suicide risk. As mentioned previously, the student may self-disclose to, or be identified by, any number of people: other students, parents, teachers, aides, counselors, bus drivers, and so forth.

REFER TO IN-SCHOOL RESOURCE

All school staff need to be able to make an immediate referral to the appropriate building contact person(s) so that the student obtains the needed intervention.

While school staff may not be in a position to provide the necessary in-depth counseling to suicidal youth, they do have the duty to make appropriate referrals. Any school employee who has knowledge of a suicide threat is legally obligated to report this information to a designated school official. This official is in turn obligated to notify the appropriate persons and/or agencies.

Prior to interviewing the student to complete an assessment of risk, it is suggested that the referral information be investigated as thoroughly as possible in a timely manner.

Such an investigation might include talking with teachers of the student, talking to staff who know the student best, or interviewing the person originating the referral. While such an investigation can provide valuable information about the student, it is essential that the identified student be interviewed on the same day as the report is made so that a risk assessment can be completed.

If there isn't sufficient time to investigate the referral information and interview the student, the choice would be to talk to the student and let the investigation wait.

Schools vary widely in regard to both the resources they have available and the sophistication of their policies and procedures. Many schools have detailed crisis management plans which include the identification of a school crisis team. Other schools assign crisis management responsibilities to counselors, social workers, psychologists, or administrative staff.

Schools with limited resources usually assign the building principal to be the crisis manager. Regardless of the availability of resources and policies,

it is crucial for persons involved in identification of students at risk for suicide to know who to share information with and refer the student to. Ultimately, the building administrator or designee would need to be notified of all such referrals.

COMPLETE INFORMAL ASSESSMENT OF RISK

In addition to recognizing early warning signs and reporting such information to the building contact person, it is important that someone within the school system talk directly with the student to assess suicide risk. This person is typically the counselor, social worker, psychologist, building consultant, nurse, or others assigned who have had suicide prevention training.

A suicide assessment is necessary in order to determine if the situation is an *emergency,* requiring immediate action; a *crisis,* requiring action within a day or two; or a *problem,* which may be handled within a week or so.

When assessing suicide risk, it is important that every clue and characteristic be looked at in the whole context. Although suicide cannot be predicted, risk can be identified.

Specialized professional training is necessary to complete a clinical suicide assessment; school staff cannot be expected to have such clinical skills. However, the school should have someone available who has had sufficient training in suicide prevention to be able to complete an initial assessment of risk. The more pertinent information school staff can gather regarding suicidal risk, the better the chances are of getting the student the necessary professional help.

- "Have you been thinking of killing yourself?"

  It is important to be direct about the suicide concern. Although talking about the possibility of suicide is uncomfortable for many people, it is imperative, where appropriate, to ask students directly if they've been thinking of killing themselves.

  If you suspect a student may be suicidal, you may want to begin by saying something like "I've noticed you seem really down lately," or by asking questions such as "Are you feeling depressed?" or "Are you feeling like things are pretty hopeless?" Such statements or questions can be effective in leading up to the question, "Are you thinking of killing yourself?"

  Although it is quite typical to be afraid to address the suicide question directly, merely asking the question will not encourage someone to suddenly become suicidal who isn't already so inclined. If the answer is "No," there has been no harm done.

However, if the answer is "Yes," you may be providing the student a valuable opportunity to ventilate about problems. Dialoguing is an end in itself and can be very therapeutic. Discussing suicide may help lead the student away from actually doing it by giving him the clear message that someone cares.

- "How would you kill yourself?"

  The answer to this question will help you discover if the person has a plan and poses a serious threat. To appraise the degree of risk inherent in a suicidal plan, it may be helpful to remember the acronym S.A.L.:

  S - How *specific* are the details of the plan?

  A - Is the implement *available* to carry out the threat?

  L - Is the proposed method a *lethal* one?[13]

  If the student has made final plans, such as choosing a specific time, or choosing a lethal method to which they have access, the risk is very high and immediate action is necessary. Few plans, vague plans, or no specific plans may lower the risk factor.

- "Have you ever attempted suicide?"

  A suicide attempt history provides information valuable to a determination of risk. Four factors are considered in assessing the current risk of suicide when you are aware the student has already made previous attempt(s). An easy way to remember the four factors is by thinking of the acronym D.I.R.T.:

  D - Stands for *dangerousness*. The greater the dangerousness of the attempt, the higher the current risk of suicide. Did the student ingest 10 aspirins or 75 barbiturates in the prior attempt?

  I - Stands for *impression*. If the student had the impression that the method tried during the attempt was quite dangerous even though it may not have been, the current risk could be high. In other words, before asserting that the level of dangerousness was low during an attempt, it is important to know the student's impression of the dangerousness.

  R - Stands for *rescue*. It is important to consider what the chances were of someone intervening to prevent the previous suicide attempt. If the chances were good that the student would be rescued or if the student assisted in his/her own rescue in any way, then the present risk may be lower.

T - Stands for *timing*. How long ago did the most recent attempt occur? Generally, the more recent the attempt, the higher the current level of risk. Second attempts often occur soon after the first. Also, the more frequent the prior attempts, the higher the risk of completion.[14]

- "Has anyone in your family ever attempted or committed suicide?"

  Students whose parents have completed or attempted suicide face twice the risk of attempting or completing suicide as other students. Modeling may be a key factor here. Family members who commit suicide may be validating suicide as a way to solve problems.

- "What do you think the odds are that you will kill yourself?"

  The student's answer to this question will assist in making a determination about the current level of risk. This type of question may also be helpful in that it confronts the all-or-nothing thinking suicidal persons experience.[15]

- "What do you think is in store for you in the future?"

  The student's answer to this question can assist in clarifying whether, in fact, the student has any future plans and it can be valuable in determining the degree of hopelessness and helplessness the student is experiencing.

- "Is there anyone or anything to stop you?"

  The purpose of this question is to gain some information about the student's support system or lifeline.[16] The environmental resources available to the student during such a crisis are crucial. Can the student expect support from family, relatives, close friends, a member of the clergy, a physician, or a counselor? When available resources have been exhausted or there are no apparent sources of help or support for the student, the risk for suicide is extremely high.

- "What has happened that makes life seem not worth living?"

  This question initiates the exploration of the events in the student's life that precipitate stress to the point of suicidal thinking. It is important here to evaluate stress from the student's point of view rather than from your own perspective. What you might consider to be minimal stress can certainly be perceived by the student as severe.

UTILIZE TEAM DECISION MAKING

It is important that decisions involving potential for student suicide and development of a crisis plan be made by a team rather than by any one

individual staff member. Sharing information within a team can be an antidote, both emotionally and practically, for the frightening sense of personal responsibility one takes for another life when such information is kept confidential.

In a suicide crisis situation, a school staff member may be called upon for on-the-spot decisions regarding the welfare and safety of the suicidal student and/or others involved. Once the staff member has ensured the immediate safety of the student, it is important that the team:

1. make further decisions regarding potential for student suicide
2. develop a crisis plan

In a life threatening situation, the need to share relevant information with appropriate persons and agencies supercedes confidentiality restrictions, regardless of prior agreements made with a suicidal student.

The team decision-making process serves to provide both emotional support for involved personnel and a basis for quality decision-making that takes as many relevant factors into account as possible. A team process allows for "brainstorming" (considering as many options as possible), and serves to bring together people with different areas of expertise, awareness of resources, and personal information regarding the student who is at risk.

Through the process of sharing, procedural safeguards may be developed which decrease school vulnerability and increase the quality of planning and response which the student receives.

Composition of Team

As mentioned previously, schools vary widely in the number of resources available. Consequently, there is a wide variation in the composition of crisis teams. Crisis teams are sometimes organized with outside professionals who are called in to schools to deal with suicidal students.

It is more common, however, to organize a crisis team of staff members within the school and to train them to intervene with suicidal students. In larger schools, a typical crisis team might include an administrator, counselor, social worker, or psychologist; a nurse; and some of the student's teachers.

In small schools, a crisis team may consist of the building principal, the student's teacher or teachers, and a building consultant. Regardless of the size of the team, it is certainly advisable to help the staff person who has talked with the student to assess suicidal risk.

Team Leader

It is recommended that a team leader or crisis manager for a particular student be assigned. Such a manager may or may not be the one having

the most frequent supportive contact with the student. The role of the crisis manager may be that of coordinating services; communicating with parents, agencies, and school staff members; and ensuring that the school's crisis plan (if there is one) is appropriately implemented.

Decisions to Be Made by Team

- Ensuring Student Safety
- Parental Notification
- Outside Referral
- Setting up a Support System

Ensuring Student's Safety

Safety is the number one concern. Questions to be answered immediately by the team include:

- Is the student safe right now?
- Is the student presently being supervised by a responsible adult so that safety can be ensured?
- What needs to be done today to guarantee safety (including supervision and support)?
- Where will the student be safest while subsequent steps are implemented?
- Are lethal tools available to the student? If so, a plan to intervene must be made.

Developing a firm plan to ensure safety is a caring and supportive act. Again, safety supercedes confidentiality restrictions with regard to informing parents and making referrals to appropriate agencies.

Students who are threatening suicide don't really want to die; they have come to you trusting that you will do what is necessary to help them end what they see as an intolerable situation. A student's plea for your help often is contradicted by their plea for your sworn secrecy about their suicidal thinking. It is important to respond to their plea for help!

Develop a "No Suicide" Contract. It is recommended that the staff person talking directly to the student in crisis utilize a "no suicide" contract. This contract, developed with the student, includes his agreement not to kill or harm himself, and the options he can use when he finds himself in crisis or having suicidal thoughts.

The use of such a written and signed contract by the student may offer the control that is needed; however, it is not a guarantee. Since suicidal thinking can be impulsive, it is important that the student recognize that he has the ability to control those impulses, and agrees to do so.

Parental Notification

The team decision here pertains to selecting the appropriate staff person to notify the parents or legal guardians in case of crisis. School personnel are obligated to inform parents if a student threatens suicide.

It is also advisable to notify parents of the student's suicidal talk or ideation. Failing to inform parents of a student's risk of suicide could have serious results, for instance:

- A comprehensive plan to ensure the student's safety could not be adequately developed without parental involvement.
- The chances of the student's obtaining the outside professional help that is needed would be greatly reduced.
- The school's liability could be greatly increased if the student actually committed suicide.

Prior to notifying the parents of their child's suicidal risk, it is advisable to inform the student of the plan to contact the parent(s). The student's reaction to this can provide valuable information with regard to safety considerations.

It is also advisable that a team of two school staff contact the parents in person, as evaluating parents' response at being notified of suicidal risk is helpful in determining how best to proceed.

When informing parents of the team's initial determination that the student is not a serious suicide risk, it is important to share the information that led to such a determination.

It is also valuable at this time to seek additional information from the parents about any previous suicide threats or attempts and any other significant risk factors.

If the team determines the student is a serious risk, the parent should be requested to arrange treatment services for the student. Providing the parents with information and linkage to appropriate community resources is often necessary at this point. Be specific with the parents if the team believes the student needs immediate services.

If the parent is present at that time, it is advisable to offer to make the call together to the treatment service provider. This facilitates the parent and the crisis team members' sharing of information and advocating immediate services.

If the parent conference occurs by phone, it is important to inform the parent that the team will be contacting the treatment service provider to share information.

If the parent agrees to seek treatment for the child, it is important for the crisis team member to follow up to determine whether or not treatment was obtained.

Occasionally, school staff are afraid to notify specific parents out of a fear that the parents will "make things worse for the student." It is important here for school staff to be aware of the options available to them in such circumstances.

- If staff notify parents and believe that the parents' response may be harmful to the student or might tend to cause a suicide attempt, the option of choice would be to report such information to Children's Services Division and/or the local law enforcement agency.

- If parents are notified of the crisis team's opinion that the student's life is in danger and that the student needs immediate treatment services but parents object, a report should be made to Children's Services Division alleging medical neglect. Children's Services will then investigate the allegation. This could result in a Juvenile Court Hearing with a court order mandating a mental health evaluation and/or treatment.

In an emergency situation, the Mental Health Department may be able to send a crisis worker to the school to assist the crisis team. Law enforcement personnel can intervene by taking the student into protective custody or custody on a 72 hour "Police Officer Hold" ("P.O.H.") to obtain treatment.

Outside Referral

Another question facing the team is whether or not a recommendation should be made to the family to seek outside services. For the most part, the professional intervention needed for a student at risk for suicide is outside the realm of the school's services.

A student who is considering suicide needs professional help. It is important for school staff to provide information to parents and then to help and encourage them to obtain the necessary services for their child.

Such services may include intensive therapy, psychiatric hospitalization for safety, anti-depressant medication, or outpatient therapy. Family therapy to enhance communication between family members and facilitate change to promote safety for the child may also be indicated.

If the team decision is to refer the student, it would be necessary for a staff member to inform the student of the decision and to initiate the referral immediately.

In most cases, the student would be a minor and the procedure would involve school staff and parents working together to obtain such services. Providing parents with as much information as is available regarding service options and the referral process can speed up service delivery to the student.

Some counselors, social workers, and psychologists within the school may feel confident in working with students that they and the crisis team believe to be both low in risk and who have the motivation to learn how to cope.

The decision in these situations may be to continue to provide counseling for a time without referral, or to refer for a second opinion on suicidal risk.

When the team is uncertain as to whether or not the student is high risk or whether the school has the appropriate level of services available to help the student, the option of choice would be to refer. The county or state mental health department may provide phone consultation regarding risk assessment.

In calling the local mental health center, it is important to provide them with as much pertinent information as possible about the student's situation. Their ability to be of assistance will be directly related to the kind of information they are given.

By law, it is necessary to withhold the student's name until the parent has given permission for the school to provide information to mental health personnel.

On a temporary basis, documented verbal parent permission is sufficient in identifying the student; however, this should be followed up by having the parent sign a Release of Information form for the mental health center.

An exception to this is when there is a conflict between the parents' right to confidentiality and the student's right to be safe. In these situations, the student's right to be safe takes precedence.

Setting Up a Support System

It is important for the team to do what is possible to keep the student's existing support system intact as well as to build additional support (friends, family, staff, interest groups).

Frequently, school staff who were previously actively involved withdraw from interaction with the student once an outside referral has been made. This is often done out of lack of information about what to do or a fear of doing something wrong.

It is important for the school to provide support and information to staff working with the student such that they are able to feel secure about the process they are engaging in with the student.

The staff person with whom the student shares suicidal thinking is likely to be experienced as a support person for that student. Thus, even though a referral is made, it is valuable for staff members to continue their support,

perhaps increasing the frequency of contacts without increasing the intensity or depth of such contacts. Remaining calm can convey assurance and confidence.

FOLLOW UP

If the student is being seen by an outside agency person or someone in private practice, it is important to maintain communication, discuss ideas, and follow through on recommendations and agreements.

Since depression tends to be recurrent, and since stress management can be expected to be a continuing challenge for these students, followup contact is essential to ensure safety and maintain gains.

Goals for counseling services at school might be to provide the student with the opportunities to talk about the problem, to learn how to cope with the stress that accompanies a life crisis, and to develop a plan for coping with each day.

Short-term goals which focus on coping within the school environment (that is, academics and the normal school routine) can assist the student in gaining general confidence in coping skills.

DOCUMENTATION OF EFFORTS

It is essential to document all efforts made by school staff on behalf of a student at risk for suicide.

Such documentation not only serves to reduce school district liability, but also enhances the continuity and clarity of a responsive plan. Examples of such documentation may include (but are not limited to) the following:

- Notes summarizing a direct contact with student who discusses suicide
- Referral to a building contact person
- Notes taken of any crisis team meeting to include any decisions made
- Notes on phone contacts to parents/guardians
- Notes on content of phone contacts to agencies or other outside professionals

An example of a district form utilized to document school efforts in regard to suicide is illustrated on the following pages. This form was developed for the Weld School District in LaSalle, Colorado, by Suzy Ruof and Joanne Harris. Permission has been obtained to include this form in the Handbook.[17]

RESPONDING TO SUICIDAL THREATS AFTER SCHOOL HOURS

Occasionally, a teacher gets a call in the evening at home from a student who is threatening suicide. The student's family may be out. This situation, while not typical, is one that can be extremely uncomfortable. While team decision making is the recommended course of action when dealing with students at risk for suicide, there are occasions when on-the-

SUICIDE INTERVENTION FORM
(CONFIDENTIAL INFORMATION)

Referral date: _____

Student's Name: _____ D.O.B. __ Age Sex M F

School _____ Grade_____Teacher _____
Parents' Names _____ Address _____
Phone (home) _____ (work) _____
Cite sources of information where possible.
Recorded by _____ Use contact sheet for additional notes.

Reason for Referral

When incident occurred: _____Who referred: _____
Content of referral incident: (attach copy of note if applicable)

Self-destructive method/specifics of plan:

Is implement available? yes no

Describe student's concept of death (finality, attractiveness):

Who does the student think would be most affected by his/her death?

_____

Category of present self-destructive behavior (check any that apply):

___ Serious attempt	(doing something that he/she believes will cause death, having the conscious intent to die)
___ Mild attempt	(a self-destructive act which the student perceives would not be a serious threat to life)
___ Suicidal threat	(saying or doing something that indicates a self-destructive desire)
___ Suicidal ideation	(having thoughts about killing oneself)

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Student's Name: _____

History of suicidal behavior: ___ self ___ significant other;

Prior threat(s) ___ yes ___ no (When? Describe.)

Prior attempt(s) ___ yes ___ no (When? Describe.)

History of counseling or mental health:

Stresses: (Check and circle any that apply)

___ Loss of loved person by death, separation, divorce, alienation (check and who, when).
___ Loss of peer relationships, breakup with boyfriend/girlfriend.
___ Family factors (unemployment, frequent moves, frequent fights, abuse, etc.)
___ Loss of school/sports success, poor school performance.
___ Much pressure to achieve.
___ Loss of health through sickness, surgery, or accident.
___ Threat of prosecution, criminal involvement, or exposure.
___ Other stresses:

Symptoms:

___ Disturbance in sleep/nightmares
___ Disturbance in appetite
___ Weight loss/gain
___ Social withdrawal/acting out/wide mood swings/temper tantrums
___ Evidence of masked rage or depression (fire setting, vandalism, encopresis, etc.)
___ Disturbance of overall activity level (hyper/slowed down)
___ Accident proneness
___ Truency, running away
___ Poor impulse control

Student's Name _____

Symptoms: (check and circle any that apply)

___ Physical complaints

___ Recent use of professional medical help (last three months)

___ Change in personal appearance

___ Preoccupation with death

___ Evidence of final arrangements, i.e., giving away prized possessions

___ Increased trouble concentrating

___ Confused thinking

___ Seeing, hearing, feeling what is not there (hallucinations)

___ Extreme misinterpretations of events and others' behavior (delusions)

Feelings:

___ Hopelessness/helplessness

___ Feels should be punished

___ Feels a lack of alternatives

___ Feels a lack of support from significant others

___ Anxiety

___ Anger

___ Sadness/depression

___ Self-blame/guilt

Medical information (student/other family members):

___ Alcohol/drug misuse (Who? Describe pattern and quantity.)

___ Student or family member is suffering from a chronic, debilitating illness (mental or physical) which has involved considerable change in self-image and self-concept. (Who? Describe.)

___ Change in general physical health (Who? Describe.)

Resources (as seen by child):

Other possible resources:

Lethality: ___ High ___ Medium ___ Low

ACTION PLAN

Crisis team members: **Date:** _____

Plan of Action:	*Person Responsible:*	*Date Done:*

Check actions taken: *Who* *When* *By Whom*

___ School administrator notified

___ Parents notified

___ Police notified

___ Social Services notified

spot decision making is so critical that to wait until the next day to convene a team meeting would be irresponsible.

A school district may have developed its own suggested processes and procedures regarding such situations. For school personnel who do not have such procedures available, the following suggestions may be useful.

- Obtain Information from the Student

  Essentially, the more information that can be obtained to help in determining the degree of suicidal risk, the easier it will be to develop an appropriate plan of action.

- If the Situation is Critical, Call the Police or Sheriff

  If the student describes a situation in which the suicide plan is specific and the means to carry out the plan are available, or if the student has already made the suicide attempt, call the police or sheriff immediately. They will need to know the following: information in relation to the threat; the student's name, address and phone number; whether there are others around who could be of assistance, etc.

- Contact Appropriate School and Community Resource People as Necessary

  Depending on the seriousness of the situation at hand, the following people or agencies may be important to contact:

  - A crisis team member in the school
  - Twenty-four-hour crisis line
  - Law enforcement agency
  - The parent(s)
  - Children's Services Division
  - The building principal or designee

STEPS TO CONSIDER IF A SUICIDE HAS OCCURRED

Gauging the potential effects that a suicide may have on a school is very difficult. Reactions depend on such factors as the victim's popularity, time of the year, and details surrounding the death. There is much in the literature about "the clustering effect" or "the contagion effect," which refers to an initial suicide leading to subsequent suicides in given geographical areas.

A school district's responsiveness following a suicide may be the most effective way to stop such a clustering effect. Fear that talking about a suicide might lead to additional suicides keeps many people from responding in a proactive manner with regard to the prevention of subsequent suicides.

School districts are faced with a necessity to respond once a suicide has occurred. There are a number of choices as to exactly how to respond, ranging from ignoring the problem and leaving students and staff to work out issues on their own, to having supportive outlets available to assist people in the grieving process. Certainly the latter is the best way to decrease the likelihood of a clustering effect.

FOLLOW THE CRISIS PLAN IN YOUR BUILDING

The easiest process of response following a suicide is to follow a pre-existing and well-thought-out Crisis Plan. It is important for school staff to respond immediately after a suicide. Having to make up the process and procedures in the midst of the crisis greatly impedes the effectiveness of the interventions taken.

For specific things to consider in developing a plan for responding to a suicide, see "Postvention" on page 39. For examples of school crisis plans, see pages 48-64.

SHARE INFORMATION

It is important to have a method for getting the information out to all staff and students. School staff left unaware of the occurrence of suicide are not in a position to be supportive of their peers or students. Many school districts will hold an emergency faculty meeting to relay facts about the suicide and to discuss procedures for the day.

Giving staff time to deal with their own feelings before discussing the suicide with students allows them the opportunity to obtain support and any needed backup before they talk to the students.

While some schools choose to announce information about the suicide in a school-wide assembly, some believe that such a process tends to glorify the act and may cause mass confusion and hysteria.

Many schools begin by calling together the victim's network of friends to share information and to help them with their grief. This might also include contacting the friends' parents to provide information and suggestions on how to be supportive at home. There are other schools who choose to share suicide information in home room or first period classes.

ALLOW FOR EXPRESSION OF FEELINGS

All those who know the person who has committed suicide will need some type of support. A process through which staff and students can talk about it may be the kind of support needed. In general, one predictor of how students will respond to a catastrophic event such as suicide is how the adults around them are responding.

Certainly the development of a group atmosphere that permits staff and students to learn of each other's feelings and support for one another is more valuable than failing to acknowledge the feelings that exist. District staff or Mental Health staff may be able to provide assistance to schools in relation to facilitating expression of feelings.

Talking about the death is important for catharsis, exploration of feelings, and identification of matters of concern. Everyone involved needs support in order that the event may be discussed and feelings ventilated.

Shock, panic, disbelief, anger, helplessness, and guilt are but some of the feelings experienced following a suicide; these feelings are present for staff as well as for students. It is important for staff to examine their own grief reactions and to get help, if needed.

Students frequently begin asking themselves, "Why did we ignore _____?" "Why were we so mean to him/her?" Teachers frequently begin asking themselves, "Why didn't I notice he was so troubled?" or "I wonder if failing him on his last exam had anything to do with it?"

Staff and students may need some guidance that will allow them to come to terms with their guilt, their sadness, and their fear. In addition, students may need assistance in developing vocabulary and skills to express their feelings as well as permission to express them.

It is recommended that options be made available to students who do not wish to be involved in activities related to the suicide.

IDENTIFY THE VULNERABLE

Through a supportive atmosphere where staff and students can express their feelings about the victim, students who are most vulnerable can be identified, referred for additional help, and assisted in utilizing all available resources.

Those *students most at risk* following a suicide include:

- students who in some way participated in the suicide event, e.g., provided the means, helped write the note, or had a suicide pact with the victim
- students who were aware of the suicide plans and kept it a secret
- students who had assumed responsibility to keep the victim alive
- students who feel guilty about things said or done to the victim
- students with a history of suicide threats or attempts themselves
- students already in vulnerable positions who now see suicide as a viable alternative to solving their own problems
- very close friends or relatives[18]

Those *adults most at risk* following a suicide include all of the categories mentioned above in regard to students, as well as:

- parents of the victim

- school staff who were aware of a suicide threat but did not take steps to intervene
- adults who didn't respond to the victim's request to talk prior to the suicide
- school staff and other adults who may recently have disciplined the victim for inappropriate behavior[19]

TEACH ALTERNATIVES TO SUICIDE

Students need to know that suicide is a poor option for problem solving: a permanent solution to a temporary problem. It is important for students to know how to deal with difficult personal situations, how to use specific problem-solving techniques, how to utilize their own strengths when experiencing depression, and how to recognize when they or their friends need outside help.

They need to know what resources are available in the community if their problems become overwhelming or even if they have concerns they are unable to manage by themselves.

SUICIDE PREVENTION TRAINING

The topic of "Suicide Prevention Training" in the schools is often met with the full range of positive to negative reactions from staff, parents, and other members of the community. Many school staff are eager to get the information and subsequently feel comfortable identifying students at risk and making referrals. Many parents welcome such information and are appreciative of the schools' efforts in this area.

At the other end of the range are those persons who strongly believe that the school has no business dealing with suicidal students and who fear that the school's attention to the suicide issue will only serve to increase the incidence of youth suicide. Being aware of the variety of reactions people have and dispelling myths about suicide can benefit the training efforts and can relieve people's fears.

COMPONENTS OF A COMPREHENSIVE PLAN FOR TRAINING

In developing a comprehensive training plan, it is important to address the components of staff training, student training, and community awareness. The appropriate sequencing of these training components can greatly enhance the overall outcome of such prevention efforts.

It is recommended that the initial suicide prevention training occur in the following order:

- Develop a suggested referral process, appoint a crisis team, and make arrangements for services with appropriate community agencies.
- Train all staff in suicide prevention.
- Train parents and increase community awareness.
- Present suicide prevention to all students.

While it is not always possible to follow such a sequence, there are several advantages to doing so. It is important for staff to be trained in the district's suggested referral processes, which necessitates such processes being in place prior to the staff training.

In addition, school staff need to know where their specific responsibilities in working with suicidal youth begin and end. If school staff are expected to identify students at risk and then refer, it is important to have the services available once referrals are made.

The are several advantages also to involving parents and the community prior to training students. First, such a process allows them to be aware of, and included in, the school's efforts. Second, it can relieve some of the fears and clear up some misinformation about suicide. And finally, it

can be used as a way of inviting a spirit of cooperation and support in assisting students to better understand the training when they receive it.

The major advantage in completing the student training last is that the referral and support systems will be in place and staff will have the necessary information and skills to respond to student referrals.

It can be expected that referrals from friends concerned about high risk students will probably increase shortly after the student training.

CONSIDERATIONS FOR STAFF TRAINING

There may be staff in the school district with adequate training in suicide prevention and intervention who could conduct the staff training. There may, however, be a need to invite a professional person from a local community agency to conduct the training.

Choosing a Trainer

It is suggested that the trainer have the necessary skills to assess reactions from those participating in the training and to intervene when necessary. Talking about suicide or death may bring up personal emotional reactions from some people.

Determining the Size of Groups for Training

If discussion about the topic of suicide is to be encouraged, consideration should be given to smaller group presentations rather than whole-staff inservices. If crisis team intervention training is being planned, small groups are also recommended.

Time

It is important to plan enough time to cover all the necessary materials. Districts vary widely in time allotted for such presentations.

Keeping Current on Staff Training

Once all staff are given initial suicide prevention training, it is important to consider how staff will be offered additional training or refresher training and how new staff will be given the necessary initial training. Many schools choose to provide staff training on suicide prevention at the beginning of each year.

Topics to Consider

The number of topics included in the staff training will vary depending on decisions about size of training groups, time allotted for training, and so forth. The following is a list of topics most often addressed in staff training on suicide prevention:

- "Myths and Facts about Suicide"
- "Signs, Symptoms, and High Risk Profile"
- "How Suicidal Risk is Assessed"
- "How to Intervene with a Suicidal Youth"
- "Available Community Resources"
- "The Importance of Team Decision Making"
- "Training in the Building's Crisis and Referral Procedures"
- "Confidentiality Requirements"

CONSIDERATIONS FOR STUDENT TRAINING

The trainer or trainers could be in-house staff or outside professionals from the community.

If the decision is to have outside persons do the training, it is highly recommended that school staff be present so they can watch for student reactions following the training and make referrals as necessary.

How the Training Will Occur

The presentations to students are often integrated into several kinds of on-going classes, such as health or social studies, at the middle or high schools. Some schools choose to do the training in home-room or first-period classes.

Size of Training Groups

It is recommended that student training groups be the size of a class or smaller so that the person presenting the material can be aware of student reactions and respond as needed. A smaller group size is more conducive to facilitating discussion and engaging students in experiential learning situations.

Age of Students

Training materials should be geared to the developmental and learning capabilities of the students involved.

Time Allowed for Training

The amount of time allowed for presentations to students varies from one school district to the next. Choices range from one class period presentation to several shorter presentations over the course of a couple of weeks. If possible, allowing for discussion of the topic a few days following the initial presentation is advisable as it gives students the opportunity to think about the presented material, discuss it further, and then to ask questions.

Topics to Consider

As with staff training, the number of topics included in the student training will vary depending on decisions about time, size of training groups, age of students, and so forth. The following is a list of topics most often addressed in student training on suicide prevention:

- "Myths and facts"
- "Warning Signs"
- "What to do if a friend tells you they are thinking about suicide"
- "How and where to get help for yourself or others when feeling depressed or suicidal"
- "Problem-solving strategies for depression"
- "Why it is important to break a friend's plea for secrecy when the friend is thinking about suicide"

SAMPLE INSERVICE OUTLINE

SUICIDE PREVENTION: SECONDARY LEVEL

OUTLINE

I. Definition of suicide
II. A person's network of support
III. What happens when that network breaks down and communication falters
IV. Signs and symptoms of severe depression
V. Teamwork and breaking confidentiality
VI. Re-establishing communication and the support network
    A. Getting Help
    B. Resources Available

+ + + + +

- Start class session by passing out blank 5" x 8" cards.
- If students have question(s) to ask and are comfortable, encourage them to ask.
- If students are uncomfortable asking questions or making comments, encourage them to write on the cards for response at the end of the presentation.

I. DEFINITION OF SUICIDE

Ask question: "What is suicide?"
(Allow for student answers and discussion)

Ideas: "Death is hard to talk about."
"Suicide is harder to talk about."

Myth: "Don't talk about suicide with someone you are worried about."

Fact: "Talking/communicating relieves tension and strengthens support network."

Suicide is a permanent solution to a temporary problem.
Teenagers commit suicide in Oregon once every two weeks.
Suicide rate is increasing.
Death rate is going down, but teen death rate is going up.
Some teenagers think that suicide is a way to solve problems.

II. A PERSON'S NETWORK OF SUPPORT

Question: "Why do people commit suicide?"
(Allow for student answers and discussion)

Ideas: Suicidal person seeking relief from what they perceive as an intolerable situation that will never change.
They experience a loss of hope for the future.

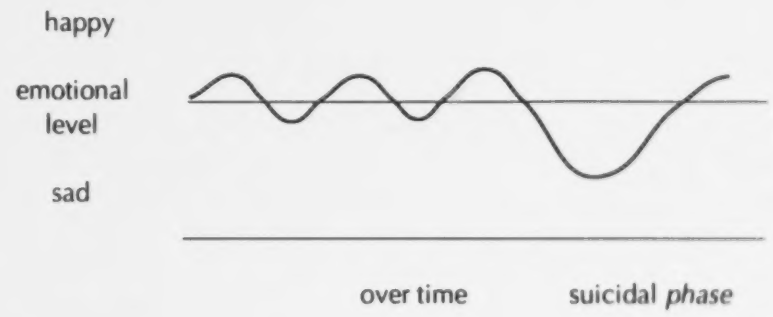
Stress: "Suicide is a permanent solution to a temporary problem."

Question: "What do people have in their networks of support when they are feeling confident and hopeful?"
(Allow for student answers and discussion)

Ideas:

health	attention	family
understanding	friends	love
limbs	goals	status
hope	interests/hobbies	job

III. WHAT HAPPENS WHEN THAT NETWORK BREAKS DOWN AND COMMUNICATION FALTERS



Question: "What kind of a picture do you have of a suicidal person?"
(Allow for student answers and discussion)

Stress: Motives for suicide are a result of *loss*–losing things from the list of things that people have when they feel confident and hopeful.

Ideas: A suicidal person is confused
afraid
lonely/isolated
not coping
has no hope,
no fresh, healthy ideas
desperate

IV. SIGNS AND SYMPTOMS OF SEVERE DEPRESSION

Question: "How can you tell someone is depressed? What kinds of things arouse your concern for someone?"
(Allow for student answers and discussion)

Ideas:
- Loss of communication
- Avoid friends and family
- Inability to cope
- Loneliness, escape
- Give things away
- Suicide threats, gestures, and attempts are expressions of intense feelings when other forms of communication have failed for them.

Clues: Warnings of intentions
(1) situational loss
(2) contagious (suicide in family, neighborhood, or of a famous person)
(3) depressive symptoms—no future plans
(4) verbalization of suicide ideas and plans
(5) behavioral: 40% - 45% of completers have attempted before
(6) giving away belongings
(7) providing themselves the means and an action plan

- *Suicide Threats*—talking about killing one's self
- *Suicide Gestures*—providing the resources to do it, actually hurting one's self but not with much risk of death
- *Suicide Attempt*—a suicide gesture that could easily have resulted in permanent harm or death
- *Suicide Completers*—are dead

V. TEAMWORK AND BREAKING CONFIDENTIALITY

Ideas:

INTERVENTION: for someone you are concerned about
- *Take threats seriously*—even if you don't believe them, or think the person is being manipulative.
- *Ask* if they are thinking about harming themselves.
- *Communication*—talking decreases risk.
- *Remember* that suicidal feelings are temporary. Most people want to live more than they want to die.
- *Express your caring and concern*—be warm, supportive, and non-judgmental.

Many times suicidal people will make "deals" about sharing information, like "I'll tell you something if you promise not to tell ANYONE."

Try to avoid making promises like that but even if you do, the *most important way* that you can show that you care is to ***BREAK CONFIDENTIALITY*** and *GET HELP!!*

VI. RE-ESTABLISHING COMMUNICATION AND THE SUPPORT NETWORK

A. *Getting Help*

Remember: It is imperative to tell someone else, to get help besides yourself, even if you have to break confidentiality.

Also: You and/or other helpers may have mixed feelings about a suicidal person which can impede action. These may be feelings of:

Sympathy Anger
Resentment Fear

It is okay to have mixed feelings. The important thing is to REBUILD COMMUNICATION by establishing a SUPPORTING NETWORK of people in addition to yourself.

B. *Resources Available*

Question: Ask students to brainstorm a list of people or resources they can go to for help for themselves or a person they are concerned about.

Ideas:			
	Mental Health	Parents	Police
	School Counselor	Teacher	Crisis Line

- Finish class session with discussion and collection of 5" x 8" cards, and answer questions and/or concerns.
- Point out that if anyone has an emotional reaction to the class presentation that you or a school counselor are available to talk with them.

POLICY AND PROCEDURE DEVELOPMENT

In order to enhance the collaborative youth suicide prevention effort, it is essential for schools to have policies and procedures which focus on *prevention, intervention,* and *postvention.*

Prevention: the plan for detecting students at risk for suicide and student education directed at increasing the ability to manage a lifestyle

Intervention: the plan of action school staff are expected to take once a student has been identified as being at risk for suicide, including assessment, implementing the plan of response and support, and obtaining necessary resources

Postvention: the plan of action school staff are expected to take to reduce the personally disruptive effects to staff, students, and parents once a suicide has occurred and to prevent the "contagion effect"

While the specifics of school policies will vary according to the size of the school, the availability of resources, and so forth, there are a number of essential considerations in developing and implementing policies and procedures which increase their effectiveness in preventing youth suicide.

The following questions may assist educators in reviewing policies and procedures.

PREVENTION

Questions to Ask in Reviewing Policies and Procedures

Detection:

1. Does a process exist for detecting students at risk for suicide?
2. Does a prevention program exist that serves students, all school staff, and parents?
3. Have all staff and students received training in suicide awareness (danger signals to watch for, ways to help, and building plan and procedures to follow)?
4. Is someone in the school or district responsible for coordinating and providing suicide prevention education to students and staff?

Student Education:

1. Is a Health Promotion Program available to all students in the school?
2. Are students taught "life management skills" including physical fitness, stress management (identification of stressors in their lives and how to cope with these stressors), nutrition management, and safety?

3. Does the health curriculum available to students provide information on high-risk behavior, self-destructive behavior, experimentation, substance abuse, and eating disorders?

INTERVENTION

1. Is a building plan in place to begin intervention for a student identified as being at risk for suicide?

2. Does the building plan include immediate referral to identified building contact person or persons?

3. Are all students and staff aware of who to notify if a student is thought to be at risk?

4. Are staff available in the building who have received adequate training to complete an assessment of suicide risk with students and to intervene in crisis situations?

5. Is a plan available for responding to a suicide situation (that is, intervention involving weapons, whom to call for rapid access to services, medical assistance, and so forth)?

6. Is an identified Crisis Team, or a process designed for the immediate development of a crisis team on a case basis, available?

   A. Are specific staff persons assigned crisis management responsibilities in the school?

   B. Is an outline of procedures and steps to consider within the team available?

   C. What is the composition of the team?

   D. Who acts as team leader?

   E. Do criteria exist for determining whether or not to refer to an outside agency?

   F. Are community resources available and easily accessible to team members?

   G. Who should be notified regarding all suicidal situations?

   H. Who is designated to act on the team decision?

POSTVENTION
(Following a Suicide)

1. What methods would be utilized to *inform* staff, students, parents, and the community regarding factual information about the suicide?

   A. How would students be informed of the facts?

   B. Is one person identified to speak to the media regarding a suicide situation?

   C. Will there be written communication home which explains to parents the facts of the situation, cautioning them to be aware of unusual signs in their children, and listing school and community resources?

   D. Who will contact the parents of the deceased student, when, and how?

2. What curriculum modifications would be made to allow for *expression of feelings* by students and staff?

   A. Would substitutes be available to go to classes with teachers who request the help?

   B. Would extra support people be available in the classroom of the deceased student?

3. What process would be implemented to *identify vulnerable* students and staff and to assist them in obtaining the necessary resources?

   A. How would staff be expected to assist with the identification of vulnerable students, and are they aware of what to look for?

   B. If the administrators are expected to watch for vulnerable staff, who will be available to watch the administrators?

   C. Will support groups be formed for students, staff, or parents?

   D. How would staff and students be prepared for the return of close friends and relatives?

4. How would the student be *memorialized?*

   A. Will an official ending of the formal sanctioned grieving process for the school be recognized?

   B. What options would be available for those students who do not want to be involved in activities related to a suicide?

LEGAL REQUIREMENTS AND RAMIFICATIONS OF SCHOOL RESPONSE

As a result of the Ninth Circuit Court of Appeals decision in *Kelson v. The City of Springfield,* 1985, a school can be held liable in connection with a student's suicide if the school does not have an adequate suicide prevention program.

The Kelson case involved a 14-year-old student with a gun who had confronted a teacher, had presented a suicide note to the vice-principal, and had requested to speak to his "favorite teacher." His request had been denied, police were notified, and they, in turn, contacted the parents to notify them of the situation.

Shortly afterwards, a police officer arrived at the school. While still in possession of the gun, the student entered the restroom alone, shot himself, and subsequently died.

The student's parents filed a complaint for damages in Federal Court alleging negligence on the part of the school. While the Federal District Court dismissed their complaint, the Federal Court of Appeals upheld their right for a lawsuit. This court decision was based on two factors:

1. "The parent-child relationship is constitutionally protected and... governmental [school] interference with it gives rise to... [an] ... action for damages."[20]

2. The complaint contained allegations that [the school district] had a "duty to provide suicide prevention training to [its] employees, and that [it failed to do so]."[21]

In light of this court decision and in order to assist in the prevention of youth suicide, it is important for schools to provide suicide prevention training for staff as well as to have policies and procedures for responding to suicide situations.

While it is clearly a school's responsibility to have an adequate suicide prevention program available, the definition of "adequate prevention program" has yet to be clarified through the courts.

EXAMPLES OF SCHOOL PREVENTION PROGRAMS

This section provides actual examples of school district suicide prevention, intervention, and postvention policies and guidelines. Examples at both the elementary and the secondary levels are included. Forms that schools and districts have developed for these purposes are also replicated here, giving other educators an opportunity to modify them for their own use.

PREVENTION/ TRAINING

Suicide Prevention Model: Lifeline Institute, Tacoma, Washington

LIFELINE INSTITUTE
A DIVISION OF GREATER LAKES MENTAL HEALTH FOUNDATION
9108 LAKEWOOD DRIVE SW
TACOMA, WASHINGTON 98499
(206) 584-3733

PURPOSE:
The Goal of this proposal is to develop and implement a successful model within school districts and high schools to help staff deal with suicidal behavior. The proposal includes direct services to youth, as well as training, assistance, and support services for staff who deal with students at risk.

OBJECTIVE 1: STAFF TRAINING

- Train staff to recognize the signs and symptoms of suicidal behavior and give staff an understanding of how suicidal risk is assessed.
- Help more personnel in each school to develop skills to assist youth with solving their problems.
- Train staff to feel more confident in talking with a potentially suicidal youth.
- Educate school personnel about helping resources and how to get students to use them.
- Train counselors to help youth find alternative ways for solving problems.
- Teach school personnel about the contagion phenomenon and how to mitigate it.

OBJECTIVE 2: DIRECT SERVICES TO YOUTH

- Professional counselors should be available at the school(s) at regularly scheduled times for:
  Risk assessment
  Family contact, when appropriate
  Intervention
  Linking the youth with the most appropriate care and services to address a particular problem

OBJECTIVE 3: CONSULTATION TO STAFF ON A CASE SPECIFIC BASIS

- Professional counseling staff should be available to school personnel at set times, on a consistent and uniform basis.
- School personnel will be linked with appropriate outside helping resources for suicidal youth.
- Emergency consultation services will be provided as needed.

OBJECTIVE 4: INDIVIDUAL AND GROUP SUPPORT FOR STAFF DEALING WITH SUICIDAL YOUTH

- An open forum will be provided for school personnel to deal with fears, insecurities, and stress of dealing with high risk students.
- Professional support will be made available for both group and individual counseling. In a group format, counselors can discuss their efforts and work in dealing with suicidal youth.

OBJECTIVE 5: COMMUNITY AWARENESS TRAINING

- Seminars, trainings, and workshops on suicide for parents and other concerned members of the community will be provided.
- Information will include the following areas:
  The scope of the problem of youth suicide
  Profile of high risk youth
  Myths and facts of suicide
  Signs and symptoms
  Mitigating the contagion phenomenon
  Assessing resources
- Small group interaction to process concerns and feelings are part of the community awareness.

OBJECTIVE 6: PROVIDE EMERGENCY ASSESSMENT, INTERVENTION, AND POSTVENTION

- Emergency assessment and intervention services are available around the clock.
- Postvention services will include evaluation of the district plan for coping with loss in the district, using most recent information available.

OBJECTIVE 7: PUBLICATIONS

- Publications that are designed to teach youth to get help for themselves and others will be made available to all students.
- The district will be kept updated on new publications and information for both staff and students.

Elementary Model, Suicide Crisis Plan: Puyallup, Washington

The information in this section is presented for the purpose of suggesting possible processes and procedures for use at the elementary level.

Workshops and conferences regarding possible crisis situations shall be held for the building staff. The format for these activities shall be worked out for each individual elementary building by the Principal and Counselor. The following suggestions are possible guidelines for these workshops.

Below are some of the ideas that the elementary counselors thought should be included in an inservice for staff:

1. Have each staff member fill out a questionnaire on death and dying. Do not use for discussion, but as a means of helping staff raise their comfort level by having access to future workshops on death and dying or even small discussion groups to encourage personal growth in dealing with death and dying issues.

2. Include several handouts. Examples have been included in the accompanying sidebars.

3. Introduce the concept of developmental levels of children in dealing with death. Concentrate on the idea of answering the child's question, not their own.

4. Discuss the idea of acknowledging your own feelings and the children's feelings. Be aware that some children will need more time to legitimize and deal with their feelings. There needs to be time provided at the beginning of the day to talk with the class.

5. Provide a place for the counselor to continue to meet with children throughout the day as needed.

6. Encourage the staff to be honest with their feelings. Don't be afraid of saying the wrong thing. Do your best job, that's all we can do.

7. Remind teachers that the crisis incident could cause children to begin to deal with other feelings and issues that have never been fully dealt with. During the discussion unrelated stories and feelings could come out. Deal with the situation appropriately and when convenient, send to the counselor for further help.

8. As an additional inservice, run an article in the PTA newsletter on the developmental stages of children in dealing with death.

9. Remember that you will have several developmental levels in one classroom. Don't expect all second graders to react the same way.

10. Use the words "die" and "death." Avoid phrases such as "passed away."

    Be accepting of religious comments made by the children. Don't make inference to your own religious viewpoints. Try to bring out the idea that different people have different beliefs about death.

12. Discuss the grieving process.

13. Each building have a plan to help staff who might have difficulty being at school or with their students because of their emotions due to the crisis.

14. Have, in each school library, books for children that deal with death.

GUIDELINES FOR HELPING

Allow... the student(s) to talk about it if the need is there.
Listen... listen, listen.
Avoid... roadblocks, such as labeling, judging, criticizing.
Help... the student(s) identify feelings.
Bite... your tongue and avoid giving advice.
Be... supportive and understanding, refer for additional help.

WARNING SIGNALS FOR SUICIDE

Gives away valued possessions
Composes a suicide note
Puts affairs in order
Talks about own funeral
Becomes moody, depressed
Takes unnecessary risk
Withdraws from friends/family
Preoccupied with death or afterlife
Drug/alcohol abuse
Trouble with the law

DEPRESSION AND SUICIDE

We all feel "low" or "blue" at times, but depression can be serious for many people. Symptoms of depression are:

Decreased energy
Hopelessness
Feelings of rejection
Experiencing a loss through death, divorce, breakup of relationships
Crying a great deal or lack of emotion
Unusual temper outbursts
Feeling isolated and hopelessly overwhelmed
Loss of interest in usual pursuits
Sadness
Loneliness

MAKES VERBAL STATEMENTS SUCH AS...

"I hate life."
"My parents/friends would be better off without me."
"They'll be sorry for the way they treated me."
"I can't take it anymore, I want out."
"I'm going to kill myself." (If they have plan, RED ALERT!!)
"I wish I were dead."

GUIDELINES FOR THE TIME OF ACTUAL CRISIS

1. Notification
   A. Follow the Building Crisis Plan Checklist
2. Communication
   A. All communications with media and other phone calls, etc. will be handled by the Building Principal or their designee.
   B. Staff Communication:
      1) Be open, honest, up front. If you are uncomfortable with doing this feel free to request help by calling the office.
      2) We would like you to be very active listeners. How might the suicide affect our students?
         a. In addition to the normal grief, hardship, some students might experience:
            - Guilt and/or shame for not having given the person enough support. (Please inform us of any students who may be experiencing this symptom... parent would like to know if there were any signs here at the school.)
            - Social scorn by another student who implicates someone who might have known about the possibility of suicide, but said nothing to another adult.

         b. Ways in which you might help:
            - Show that you take anyone's feelings seriously and wish to help them by seeking help from those available.
            - Listen to the student, ask concerned questions:
              Don't try to shock or challenge the student's feelings;
              Don't try to analyze the person's motives;
              Don't argue or try to reason the student out of his/her feelings.
            - Actively listen and refer the student to the office by CALLING THE OFFICE. WE WILL SEND SOMEONE TO YOUR ROOM TO:
              Deal with the situation with the entire class.
              Take a small group for counseling.
              Work with an individual.
3. Schedule for Counseling
   A. Building counselor at the Elementary in Crisis for the day and possibly more.
   B. Counseling made by referral or appointment.
4. General Information
   A. If there is a situation you feel needs attention, please call the office. Help is available.
   B. If you are comfortable handling a situation, feel free to do that, but we would like things to move along as "normally" as possible.
   C. IF YOU OVERHEAR ANOTHER STUDENT REFERENCING SOMETHING THAT WE SHOULD KNOW ABOUT, PLEASE LET SOMEONE KNOW. SEND A NOTE, USE THE INTERCOM, WHATEVER.
   D. IF A STUDENT IS UNDER SIGNIFICANT STRESS BUT DOES NOT WANT HELP, WE WANT THAT INFORMATION AND STUDENT NAME IMMEDIATELY SENT TO THE COUNSELOR.

SUICIDE ASSESSMENT AND INTERVENTION FORM

(CONFIDENTIAL INFORMATION)

SHORT FORM

Referral Date _____ Time _____

Student's Name: _____ Grade: ____ Teacher: _____

Student Referred By: _____ Relationship: _____

Person Recording Data: _____ Occupation: _____

REASON FOR REFERRAL (be specific) _____

_____

_____

SIGNIFICANT OTHERS IN THE STUDENT'S LIFE: _____

_____

_____

_____

Suicide Risk Flow Chart

Western View Middle School

SINGLE INDICATION

↓

Observing staff member refer to counselor to assess the possibility of other risk factors

↓ ↓

If conversation indicates student is high risk

↓ ↓

Verbalizes about suicide:
- Student escorted to counselor's office by staff person (student will not be left alone)
- Staff member volunteers to stay (immediate replacement available) if not counselor if other staff member is wanted (immediate replacement available)
- Student takes priority over all other obligations
- Counselor implements intervention *plan
- Counselor documents
- Staff is notified same day
- Parent/guardian notified immediately

No verbalization of contemplating suicide, but indications of depression or other high risk signals:
- Referral made to counselor
- Counselor notifies administrator
- Counselor asks student if they want other staff present (immediate replacement available for classroom teacher)
- Counselor assesses risk
- Counselor implements intervention *plan
- Counselor documents
- Staff is notified the same day

If conversation indicates other tendencies

↓ ↓

Counselor meets with that student's interdisciplinary team to inform them of suicidal indication and conversation with student.

↓ ↓

If interdisciplinary team members have seen indications

Convene Crisis Management Team ASAP! Involve the student, inform parent develop *plan of action for that student and document

If no other team members have seen indications Interdisciplinary Team is aware of behavior and continues to observe Interdisciplinary Team documents in meeting minutes

* Crisis Management Team (Counselors, Administrator, 7th/8th grade Health Teachers) Action Plan implemented includes what necessary action can be accomplished within the building; does necessary action require outside agency (Outpatient Clinic- BMCP (757-6844); who is designated to act on the team decision and who needs to be notified (parent, administrator, district contact, etc.)?

POSTVENTION

District Suicide Response Program: Corvallis School District 509J

Communication (Do not refer to incident as *Suicide*)
(Immediate)

Building

1. On School Grounds

   A. Call 911
   B. Principal/designee contact District Office (Steps A and B may happen simultaneously.)
   C. Principal/designee contact parents
      - Cover how media will be dealt with
      - District Office will handle all media contact
   D. *Principal contacts core team and school nurse
      - Core team implements Action Plan to include:

      (1) Informing staff (Emergency meeting, telephone tree, right to privacy)
      (2) Informing students
         (a) Announcement regarding situation (school-wide assembly or in classes)
         (b) Opportunity for students to ask their questions; express their concerns
         (c) Should regular classes be held?: An option to discuss
         (d) Closed v. open campus (if applicable)
         (e) Counselors available at all times: inform students how to access these people
         (f) *Adherence* to school rules
         (g) Briefing for staff and students regarding RIGHT TO PRIVACY. (I'm sorry, I don't want to talk about that" - response to media, or interested others)
         (h) Help/Support for the helpers (potential release time, Employees Assistance Program, other counseling)
      (3) Informing parents/school/community
         (a) Recommendations?
2. Incident Reporting Away from School Grounds
   A. Begin with 1.B. above

District

1. *District Office* becomes contact with media
2. District Office prepares statement
3. District Office contacts other principals as appropriate

4. District Office contacts community resources
   A. The plan with Mental Health ready to implement (include meeting with parents as followup)
   B. Building principal/District Office/Community Resources in continued communication

Aftermath Following Incident

1. Continuing Information
   A. Hold parent program (ASAP!): Information and assistance for parents on how to talk with their child(ren) about what has happened
   B. Faculty/staff updates
   C. Follow-up forums for students and staff
   D. Student-only forums
2. Follow-up Care
   A. Safety of students; procedures for monitoring students and determining students "at-risk"
   B. Student support group(s)
   C. Faculty/staff support group(s)
   D. "Safe rooms": available to students for time-out, counseling and/or other support
   E. Periodic Checklist of Questionnaire: names and phone numbers of staff/students to call if someone wants to talk during vacation times (24 hours availability)
3. Miscellaneous
   A. Legal counsel contacted by District Office
   B. Process for recruiting and organizing volunteers
   C. Security considerations (who guards building during funeral, etc.)
   D. Mandatory gatherings: to cover those who may have needs, but won't come to voluntary sessions
   E. Budget resources: for ongoing needs (e.g. for emergency psychiatric consultations, etc.)
   F. Release time for Core Team members

Building Suicide Response Program: Crescent Valley High School, Corvallis, Oregon

ADOLESCENT SUICIDE RESPONSE PROGRAM

During the past few years, the rate of teenage suicide has escalated. The Corvallis School District has mandated that each school establish a plan to deal with both the prevention of suicide and its typical aftermath.

Edie Orner, with assistance from the rest of the Crescent Valley counselors, submitted a "rough draft" of a plan that would, hopefully, attend to the needs of CV students and staff in the event of a Crescent Valley student committing suicide. After administrative review, it was decided to develop a core team to expand and modify the original plan.

The core team was chaired by John Thomas and consisted of Bill Nathman, Valerie Abbott, teachers; Linda Ellingson, counselor; and Ethel Dorn, school nurse. This team had two extensive meetings and finalized the contents of the plan to be implemented.

Introduction

With the increase and recent frequency of adolescent suicide, it is necessary to provide appropriate opportunities to express the shock and grief associated with such an event.

It is essential that both staff and students be provided with the chance to express appropriate comfort. Concerned and affected members of the school community need circumstantial reassurance and the opportunity for significant experiences that can serve as a catharsis.

Rationale

It is assumed that the most effective people to deal with at-risk suicidal adolescents are counselors or other professionals specifically trained to diagnose and subsequently work with people who are emotionally stressed and seriously distraught. The classroom teacher can frequently be the first person who suspects or witnesses specific student behavior that warrants a referral to more sophisticated professionals.

The committee feels that the general staff should be alert to signs of depression or suicide and make immediate referrals when they suspect a student may be entertaining thoughts of suicide or engaging in behavior that is typically associated with potentially suicidal students.

Students—The following conditions need to be arranged for students:

1. Maintenance of a regular schedule. This should be accomplished in order to minimize disruption and minimize the opportunity to engage in unsupervised time that can have a negative effect on students.

   If a day after a suicide is a scheduled activity period, the activity period should be cancelled and a regular schedule planned.

2. The student should have the opportunity to go to a designated place (crisis room) where adults are available to provide individual support or to supervise groups of students who need to process this grief. The faculty room is designated as the crisis room. Other rooms will be available should the need arise.

3. The counselors who have specialized training will be available to meet with students who may be at risk of suicide or who appear to be severely depressed or exhibiting abnormal expressions of personal disorganization.

4. The administrator or counselor who is the primary contact and responsible for the deceased student will be the information source for students and staff. One or both of these people will present an accurate and calm presentation of the facts related to the suicide event.

5. A presentation to individuals or groups as to how to respond to death, suicide, etc. A brief description of the grief process. Each first or second period class will address this issue. A series of handouts will be provided to the staff.

   This information will assist teachers in dealing with the need to give attention to the grieving process. The staff will receive some training as part of in-service activities which will include their responsibilities concerning this matter.

6. If a student indicates need for continuing "suicide related support," appropriate referrals will be made by the counselors to other agencies or professionals when deemed necessary.

Staff—The following conditions need to be arranged for staff:

1. Conduct a meeting and provide staff with early and accurate information about the event. The source person in item 4 above will serve as the disseminator of information.

2. The counselor on the core team will provide information to the staff at the orientation meeting as to how students may react to the event and how to respond. Handout material will also be provided on this subject.

3. The administration should make provisions for any staff member who is not comfortable moderating any recommended discussion forums with students.

4. The administration will identify any special tasks, obligations or

expectations for general staff concerning the event and any related or subsequent responsibilities.

5. The administration will review existing resources and organizational plans for the day and orient staff about related procedures.

6. The administration will provide opportunity for staff to process appropriate grief and deal with shock.

Organizational Plan

1. Establish a crisis room where student can go to express grief. The counselors and school nurse will develop an organizational plan to staff and manage one or more crisis rooms. Initially one crisis room will be staffed (faculty dining room).

   Others will be open if and when a need develops. The next back-up room will be B-1. Students who are hyperventilating or have other physical problems should be referred to the nurse's office.

2. One administrator will be in the office at all times. The others will be in the halls between periods to direct students to crisis rooms, classrooms, or counselor offices. Unsupervised grief areas will not be allowed and close monitoring will be conducted to eliminate this possibility.

3. Teachers should keep students in their rooms unless a specific student requests the opportunity to visit a crisis room. Students should not be allowed to randomly leave classrooms without escort.

4. Each teacher will designate a responsible student from his/her class to escort any student who requests to visit a crisis room. If there are no responsible students to assume that role, the teacher should send a runner to the office; a responsible adult or designated student will provide escort and report to the room where escort is requested.

5. A telephone chain will provide early information on meetings or emergency information if that is deemed a necessity. The telephone tree developed by CEA will be provided by John Thompson and adapted to the CV total staff by Valerie Abbott.

6. A list of backup counselors from feeder schools and Corvallis High School will help provide support services should there be an over-load on the CV Counseling staff.

7. At the end of each day of the crisis period a staff meeting will be

conducted to review the day's events and make recommendations for the next day.

8. Identify potentially high risk students and refer these students to counselors who will contact parents. Document any referral since recent court cases indicate reporting procedures that may duplicate "child-abuse" requirements.

9. A staff person will be designated to represent the school as a liaison with the bereaved family.

10. Provide appropriate handouts to all staff regarding signs of suicide danger and responses to expressed shock and grief.

Plan for Class Periods

1. Begin periods 1 and 2 with reference to the suicide event, acknowledgement of difficulty and distress, opportunity to leave with an escort to the crisis room, before proceeding with regular plans for the day.

2. Certain classes may choose to allow more time (15-20 minutes); examples would be health, psychology, personal relations, etc.

   If the suicide victim was a member of the class, additional discussion time should be allocated. (In this latter case it would be advisable to develop a common script or format by all the teachers of the student victim.)

ADOLESCENT SUICIDE RESPONSE PROGRAM
CRESCENT VALLEY HIGH SCHOOL

In the event of a suicide involving a member of the CVHS school community, the following plan will be implemented according to the sequence indicated on this flow chart and outlined in the established plan.

Building Principal Notified

Phone Tree

Convenes Emergency Staff Meeting

Staff Informed of Incident
by Appropriate Primary Source

Review of Existing Building

Suicide Response Plan

Counselors & School Nurse

1. Man Crisis Rooms
2. Assess needs for additional help
3. Initiate request for support assistance
4. Refer students to outside agencies when appropriate
5. Contact parents of at-risk students

Teachers

1. Inform 1st & 2nd period class
2. Teacher discretion determines needs for subsequent dialogue in remaining classes
3. Teachers maintain awareness of need for student use of crisis rooms and provide appropriate escort

Other Staff

1. Be available to escort students to crisis room as needed
2. Be available to contact additional counseling resources
3. At least one administrator in office at all times, others visible in halls and general school area.
4. Bereaved parents will be contacted by appropriate representative

Secondary Model, Suicide Crisis Plan: Puyallup, Washington

Ballou Junior High Crisis Plan

This secondary model is an actual summary of processes and procedures used as a result of the death of a Puyallup School District student.

(Summary of General Considerations—Working Notes)

Core Counseling Team Selected

A. Counselors from four other buildings brought to Ballou.
   1. Three of the four had either taught in the building or had completed their internship (counseling) there and were familiar with the facility.
   2. Fourth counselor from the high school dealt with suicide incident the previous year; our school's ninth graders move to her school as tenth graders *and* she was also familiar with our facilities.
   3. All counselors were given a form to complete on any student that appeared to be an "at-risk" student (Blue form).
      a. Forms were completed as result of individual/group session.
      b. At end of day counselors met to debrief and make Ballou counselor aware of "at-risk" students for immediate followup or followup on the next day.

B. Two substitute teachers hired for two additional staff helpers.
   1. Two Ballou teachers were *asked* if they would help throughout the day.
      a. It was their choice—dependent on their comfort level.
      b. Selected on basis of their previous show of empathy for students and their ability to use Active Listening Skills.
   2. The one staff member was the choral director; the other staff person was a special education instructor.

C. First Day of School: Meeting at 6:00 AM at nearby restaurant.
   1. Meeting included Ballou administrators.
   2. Contingent of counselors plus two selected staff.
   3. School nurse.
   4. 8th/9th grade football coaches (student was on the football team).
   5. Building administrator reviewed particulars of suicide.
   6. Counselor reviewed day's "action plan."
      a. Building Administrator—chief spokesperson for *all* inquiries from "outside world" regarding the suicide and/or "action plan."
      b. Placement of counselors throughout the building was discussed.
   7. Handout file given out.
      a. Yellow "plan sheet."
      b. *Teenage Suicide* booklet by Scripto-graphic.
      c. Teenage Suicide: Some Clues to Understanding and Prevention (5 page compilation/summary)

D. 2:30 PM - General Staff Meeting
1. Reviewed the day.
2. Evaluated the process/procedures.

Joan Berry	Glenn Halverson	Stan Silvernail
John Bustad	Diane McSweeney	Dean Williams
Celeste Cook	Jane Petersen	Sharon Willimason
Dan Davison	Nancy Polich	Jim Winegar
Dale Downing	Verl Quast	

Core Group Meeting Squire East, 6:00 AM 10/27/86

Joan Berry - Roger's Hill School Counselor
Stan Silvernail - Aylen Junior High Counselor
Jane Petersen - Edgemont Junior High Counselor
Dean Williams - Kalles Junior High Counselor

Diane McSweeney - Ballou Staff
Dan Davison - Ballou Staff
Sharon Williamson - Ballou Staff
Nancy/Verl - Ballou Staff
Celeste Cook - Ballou Staff

I. The above named people will be at Ballou to give whatever assistance is necessary.

BALLOU JUNIOR HIGH STAFF MEETING 7:00 AM, Ballou Library

II. Communication with the "outside world" regarding the suicide: John Bustad

A. There will be one spokesperson who will communicate with the media and any other phone calls: John Bustad

B. Staff Communication with students "inside world" of Ballou

1. Be open, honest, up front. If you are uncomfortable with doing this, feel free to request help by calling the office.

2. We would like you to be very active listeners. How might the suicide affect our students?

a. In addition to the normal grief, hardship, some students might experience:

(1) GUILT and/or shame for not having given the person enough support [Please inform us of any students who may be experiencing this symptom... parent would like to know if there were any signs here at school].

(2) SOCIAL SCORN by another student who implicates someone who might have known about the possibility of suicide, but said nothing to another adult.

b. Ways in which you might help:

(1) SHOW that you take anyone's feelings seriously and wish to help them by seeking help from those available.

(2) LISTEN to the student, ask concerned questions:

(a) Don't try to shock or challenge the student's feelings.

(b) Don't try to analyze the person's motives.

(c) Don't argue or try to reason the student out of his/her feelings.

(3) Actively listen and refer the student to the office by CALLING THE OFFICE. WE WILL SEND SOMEONE TO YOUR ROOM TO:

(a) Deal with the situation with the entire class.

(b) Take a small group for counseling

(c) Work with an individual

III. Schedule for Counseling Help Throughout the Day:

A. 7:20 - 7:41 Eighth/Ninth Locker Bay Area with Mrs. Minchue

1. Dan Davison
2. Jan Petersen

B. 7:20 - 7:41 Seventh Locker Bay Area with Mr. Melton

1. Diane McSweeney
2. Stan Silvernail

C. 7:20 - 7:41 General Area of Cafeteria/Courtyard

1. Dean Williams
2. Joan Berry

IV. General Information/Comments/Requests

A. If there is a situation you feel needs attention, please call the office. Help is available.

B. If you are comfortable handling a situation, feel free to do that, but we would like things to move along as "normally" as possible.

C. If you overhear another student referencing something that we should know about, please let someone (VERL) know. Send a note, use the intercom, whatever.

D. If a student is under significant stress but does not want help, we want that information and student name IMMEDIATELY (Send to Verl).

GUIDELINES FOR HELPING

Allow the student(s) to talk about it if the need is there.
Listen listen, listen!
Avoid roadblocks, such as labeling, judging, criticizing.
Help the student(s) identify feelings.
Bite your tongue and avoid giving advice.
Be supportive and understanding, refer for additional help.

DEPRESSION AND SUICIDE

We all feel "low" or "blue" at times but depression can be serious for many people. Symptoms of depression are:

- loss of interest in usual pursuits
- crying a great deal or lack of emotion
- experiencing a loss [through death, divorce, breakup of relationship]
- feeling isolated and hopelessly overwhelmed
- loneliness
- decreased energy
- sadness
- helplessness
- feelings of rejection
- unusual temper outbursts

Gives away valued possessions
Puts affairs in order
Becomes moody, depressed
Preoccupied with death or afterlife
Withdraws from friends/family
Composes a suicide note
Talks about own funeral
Takes unnecessary risks
Drug/alcohol abuse
Trouble with the law

WARNING SIGNALS FOR SUICIDE

Makes verbal statements such as:

- "I hate life."
- "My parents [friends] would be better off without me."
- "They'll be sorry for the way they treated me."
- "I can't take it anymore, I want out."
- "I wish I were dead."
- "I'm going to kill myself." [If they have a plan, RED ALERT!]

"POSTVENTION IS PREVENTION"

A process to assist "normalizing" the educational process and reduce "contagion" following the death of a school person.

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The death of a student or staff in a given school is a significant stress and/or loss event to those persons in that system. It impacts individuals as well as the educational process itself. All individuals, from volunteer to the most senior administrator, are impacted. Some more, some less!

The product of a school, education and learning, is further jeopardized following a death of staff or student because the people in that system experience confusion and disorganization. Once confusion and disorganization occur, efficiency decreases, productivity reduces, and until the precipitating event, death in this case, is openly dealt with, one can expect a cyclic pattern of reduced learning and increased stress.

The author is aware of several incidents where schools have attempted to deal with the death of a staff or student by ignoring the death. Whether ignored by habit, ignorance or default, the effects on the educational climate were similar. Those schools functioned with reduced effectiveness while violence between students increased.

No objective data could be collected about student performance, but observation and logic reveals that academic performance wanes when students and staff are questioning the "whys" and "hows" surrounding the death of a fellow school person.

Ignoring the death, particularly of a student, conveys a non-verbal message that student's lives are insignificant and that maybe adults haven't noticed or they don't care. It disregards the potency of the rumor mill and almost ensures staff and administration will be insulated from the reality of the school.

What would happen if our schools had a pro-active vs. a reactive intervention plan in hand should (when) a death of a school student of staff occurs?

The process to be described occurred in a natural evolution which had its roots in the development of a school district response to a potential completed student suicide. That process is reported in a Tacoma School District suicide prevention subcommittee report "Post-Vention."

Briefly that report recommends the formation of a team to respond, upon request, to any school that has experienced the death of a staff or student. Even though that response was initially planned for student suicide, it was thought to be too limiting in scope.

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The rationale for expanded service was simple. Even though the suicide of a student in a school would probably be one of the most serious kinds of trauma that could potentially impact a school, then why wouldn't any death, be it staff or student, also be seriously disruptive?

Following that course of logic one can ask, Why wouldn't the teams trained to respond to a student suicide be equally as important and effective in assisting a building impacted with trauma for another reason? Experience during the last school year clearly indicates it is!

Within twenty hours of the presentation of the aforementioned subcommittee report, a sixth grade student from an urban elementary school drowned at a sixth grade graduation picnic. Many classmates witnessed the drowning. The specifics of the aftermath of that accident is a discussion in itself.

However, a newly formed Trauma Team functioned as conceptualized and was instrumental in assisting the staff and students of that building through the tragedy to return to a near normal operating process.

Following several other Trauma Team deployments and after interviewing people in other school districts who had experienced suicides and homicides in their schools, this document and the following building descriptive checklist were written to present those issues and themes that consistently appear and need attention when a school experiences the death of a staff member or a student.

A general rule of thumb tends to be the more sudden (expected natural cause of death vs. an unexpected death due to accident or violence) the death of a school person, the more disruptive that death is to the people and the educational process within that school.

A second rule is those persons emotionally close to and/or those witnessing the death of a person are usually the ones most likely to require close monitoring in the days and weeks following the death of staff or student.

The following outline is descriptive in nature. When implemented with skill and good judgment and modified to a specific situation, this outline will serve as a valuable resource to a school system administrator impacted by a death related tragedy.

*=Items are strongly recommended for inclusion in a post-vention plan and are the common denominators gleaned from other school districts and from experience in the Tacoma School District. These items are almost always primary and are not good *optional* choices.

(Note that this list is intended to be descriptive, not prescriptive)

CRITICAL SITUATION BUILDING CHECK LIST

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*A. Immediate meeting of building principal to plan specifics of Intervention plan with:
1. Key in-building ESA's, support staff.
   a. Not usually teachers—they are confined to class, and have less time flexibility.
   b. Could get subs but question impact on students without *their* teacher.
2. Trauma Team.
3. A few outside folks.
   a. Use common sense
   b. If homicide or suicide, a police or fire chaplain should be there.

*B. Staff Meeting before school (If at all possible)
*1. Introduce Trauma Team.
*2. Present as much factual information as possible about trauma as known.
   a. Disconnects the rumor mill
   b. Provides consistent data for staff to share with students when school convenes.
3. Nuts and bolts of how day will be scheduled.
   a. Modified schedule or not?
   *b. Are subs in building?
      1) Often necessary for some staff to leave class because of their own grief.
      2) Subs to be in faculty lounge to go to classrooms as needed.
   c. Subs may go with regular teachers to assist those feeling particularly stressed.
   *d. Teachers are to break news and explain FACTS of situation to their individual classes.
1. PA announcement is option but is cold and impersonal.
2. Assemblies create too large a group. May be set up for mass hysteria.
3. Good idea to have subs or members of Trauma Team go to classes with teachers who request.
*4. Strongly consider having extra people in "the classroom" that was the one directly impacted.

C. Suggestions of Curriculum Modification
1. The farther people are (were) from the trauma (death) the less likely they are to be impacted and may (??) require no curriculum change.
2. Teachers may choose to:
   a. Write poetry about deceased or to survivors.
   b. Write letters to deceased or to survivors.

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c. Create a mural or class poster.

*d. After a period of time, students (and staff) are relieved and ready to get back to the structure of the regular routine... "business as usual."

D. An Official Ending

1. Somewhere down the line there needs to be an official ending of the formal sanctioned grieving process for the school.
2. Have an in-school memorial service?
3. Have an out-of-school memorial service?
4. Police chaplains are non-denominational and communicate a separation of church and state.
5. Student attendance in an in-school memorial service should be optional.
6. The memorial service does not have to be "spiritually saturated."

E. Written Communication to Home

1. Some kind of written communication needs to be sent home.
2. Explain to parents the facts of the situation.
3. Caution parents to be aware of unusual signs in their children.
4. List school and community resources.
5. Explain there will be extra help in building.

*F. Explain where to find Trauma Team members.

1. Students to go to that location (not alone).

*G. Staff to assist with student identification.

1. Provide list to principal, in some organized manner, of those students particularly heavily impacted.
   a. Prolonged crying.
   b. Withdrawn.
   c. Depressed.
   d. Perhaps exhibiting other "signs & symptoms."
2. Do an assessment...project needs for identified students, both long and short term.

*H. Bathroom Patrol.

1. Kids tend to retreat to the only "private area."
2. Will find groups in there crying!

*I. Media.

1. Could be nothing or a MAJOR disruptive force in school.
2. Principal with Trauma Team should decide:
   a. Will media be allowed to interview children in school or not?
   b. Who will speak to media?
   c. Will any media even be allowed on school property?
3. Do NOT allow the district's PIO to make any decisions about where and when media may be. Conflict of interest! PIO is in business of media releases...not necessarily versed in effect and impact of trauma and media attention on students.
4. It is totally OK for staff to say to media, "No Comment." Give permission for staff to do that.

5. Suggestion:
   a. Have one person identified as person to address media folks.
   b. That could be PIO, but media usually want someone from building to question.
   c. If media are confident that they will have access to story, they will usually be reasonable.
   *d. If a suicide/homicide REMEMBER...there is significant data to support that the "contagion effect" is personal and MEDIA perpetuated.

*J. Odds-N-Ends.
1. Parent contact.
   a. Who? (usually principal or vice-principal)
   c. When (A.S.A.P.)
2. Memorials.
   a. Yes?
   b. No?
3. Administrative watch.
   a. Administrators hide by doing!
   b. They are just as much a victim of trauma as anyone else.
   c. Who is assigned to watch them?
4. In situation where outcome is still unknown, plan for the best and/or worst scenario.
5. Annual for parents?
6. Take student name out of district computer so form letters don't routinely get sent home.

If Suicide:

A. Do Not:
1. Empower and glorify student's death.
2. Cancel classes or hold special assemblies.
   a. Validates the act of suicide.
   b. Subjects control of school or other manipulative acts.
   c. Increases the potential for contagion.
3. Rely on experts from outside the district.
4. Try to function without a clearly thought out plan that was established before the demand/crisis.

B. Do:
1. Be cautious of emotional statements to the media that may perpetuate the problem.
2. Deal with the facts.
3. Have a pre-planned organized response in place.
4. Consider forming support groups for awhile.
   a. Student
   b. Staff
   c. Parent

5. Be aware of the contagion effect.
   a. Appears 7 - 10 days after death.
   b. Focus on those identified as high risk.
   c. Geographically adjacent facilities will also be affected...depends on severity of incident.
   d. May require meeting of principals from nearby schools to disconnect rumor mill.

Please add more ideas to this working list and use in case of emergency!

COMMUNITY RESOURCES

Information about the community agencies described in this section was obtained by the Linn-Benton ESD for use by school personnel within the ESD's boundaries. The purpose of the Community Resources section is to facilitate collaboration that might assist in dealing with a crisis situation—in this case a suicide.

For school personnel in other districts, this section can serve as a guide for the kinds of agencies that may be contacted in their own communities. For additional guidelines about initiating collaboration with or soliciting information about agencies in your community, see *Volume 1: Introduction and Resources.*

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Benton County Mental Health
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Children's Services Division of Benton County
Behavior Management Consultation Program:
Linn-Benton ESD
Local Police Department
Linn County Sheriff's Department
Benton County Sherriff's Department
Oregon State Police

LINN-BENTON CRISIS LINE

Phone: 000-0000
Services Provided:

24-hour telephone hotline specializing in suicide prevention: providing a listening ear, completing risk assessments, and accessing emergency services as needed.

24 hour information and referral services.

Training presentations on suicide prevention to school staff and/or students.

Other Pertinent Information:

Serves residents of Linn and Benton Counties.

Hotline is staffed by trained volunteers who have backup by mental health professionals in both counties.

Program is sponsored by the Benton County Mental Health Association and services are contracted through Linn and Benton County Mental Health Programs.

COMMUNITY OUTREACH

Phone: 000-0000
Services Provided:

24-hour crisis line for suicidal persons; complete risk assessments, obtain emergency services as needed.

24-hour crisis consultation for persons concerned about someone who may be at risk for suicide.

Direct counseling to suicidal persons willing to talk to a volunteer; transportation will be provided as necessary.

Training presentations to school personnel on topics related to suicide prevention.

Other Pertinent Information:

Serves residents of Linn and Benton Counties.

Staff are trained volunteers with access to professional backup.

They will accept collect calls.

LINN COUNTY MENTAL HEALTH
(Linn County Only!)

Phone: 000-0000
Services Provided:

24-hour emergency crisis services to persons at risk for suicide.

Intervention services to suicidal persons and their families.

Phone consultation services with school crisis team members regarding assessing suicidal risk, strategies to encourage parents to obtain services for their child, safety issues for school and home, and referral services to other community agencies.

Collaboration and consultation with other agencies: Sheriff's Office, Emergency Rooms, Crisis Lines, etc.

Other Pertinent Information:

Regular office hours are Monday through Friday from 8:00 AM to 5:00 PM with a mental health worker on call after hours for emergencies.

Fee for service is based on a sliding fee scale; however, no person is turned away because they can't pay.

Parent permission is necessary for children under age 14 and is advisable for all children. Services can be provided to adolescents age 14 and older without parent permission; however, the agency will work with the adolescent toward involving parents during the course of treatment.

BENTON COUNTY MENTAL HEALTH
(Benton County Only!)

Phone: 000-0000
Services Provided:

24-hour emergency crisis services to persons at risk for suicide.

Intervention services to suicidal persons and their families.

Phone consultation services with school crisis team members regarding assessing suicidal risk, strategies to encourage parents to obtain services for their child, safety issues for school and home, and referral services to other community agencies.

Collaboration and consultation with other agencies: Sheriff's Office, Emergency Rooms, Crisis Lines, etc.

Family crisis services which guarantees face to face contact with a family crisis worker within 72 hours.

Other Pertinent Information:

Regular office hours are Monday through Friday from 8:00 AM to 5:00 PM with a mental health worker on call after hours for emergencies.

Fee for service is based on a sliding fee scale; however, no person is turned away because they can't pay.

Parent permission is necessary for children under age 14 and is advisable for all children. Services can be provided to adolescents age 14 and older

without parent permission; however, the agency will work with the adolescent towards involving parents during the course of treatment.

CHILDREN'S SERVICES DIVISION OF LINN COUNTY

Phone: 000-0000
Services Provided:

Casework and referral services to children at risk for suicide who have an open CSD file. The caseworker will notify parents and seek treatment services from Mental Health when child is at risk of suicide.

Investigation of neglect reports in relation to children at high risk for suicide where the parents fail to seek necessary treatment services for their child.

Other Pertinent Information:

All students at risk for suicide who are known to have open CSD files should be reported to the assigned CSD caseworker.

If a school crisis team determines a student to be at risk of endangering self and parents fail to respond to the recommendation to seek treatment for the child, school staff should phone in a report of alleged neglect. CSD, by law, must investigate the situation within 7 days. If school staff want to be notified of the results of the investigation, they should make that request at the time the report is made.

CHILDREN'S SERVICES DIVISION OF BENTON COUNTY

Phone: 000-0000
Services Provided:

Casework and referral services to children at risk for suicide who have an open CSD file. The caseworker will notify parents and seek treatment services from Mental Health when child is at risk of suicide.

Investigation of neglect reports in relation to children at high risk for suicide where the parents fail to seek necessary treatment services for their child.

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BEHAVIOR MANAGEMENT CONSULTATION PROGRAM (Linn-Benton Education Service District)

Phone: 000-0000
Services Provided:

Consultation, liaison, and referral services to school staff concerned about students at risk for suicide.

Process consultation to school staff in relation to developing district/building policies and procedures for responding to students at risk for suicide.

Inservice training for school staff in relation to suicide prevention.

Other Pertinent Information:

Any services provided to specific students require parent authorization. However, generic consultation can be available upon request.

Services provided by the consultants are based on each district's prioritization process.

LOCAL POLICE DEPARTMENT

Services Provided:

Investigation of all suicide attempts and suicide completions.

Investigations when notified someone is a danger to self or other.

Services are provided within city limits.

Other Pertinent Information:

In case of doubt as to whether or not to contact the police in relation to suicide prevention, the police advise placing the call and letting them decide if further intervention is needed.

LINN COUNTY SHERIFF'S DEPARTMENT

Phone: 000-0000 [business]
000-0000 [emergency]
Services Provided:

Direct intervention by investigation of all suicide attempts, suicide completions, and reports of persons being a danger to themselves or others.

A Speaker's Bureau which includes inservice training on suicide prevention to community agencies, including schools.

Referral services to appropriate community agencies for persons in danger of harming themselves or others.

Will deliver emergency messages to homes without phones.

Other Pertinent Information:

Serves residents of Linn County.

Staff have been well trained in suicide prevention.

BENTON COUNTY SHERIFF'S DEPARTMENT

Phone: 000-0000
Services Provided:

Direct intervention by investigation of all suicide attempts, suicide completions, and reports of persons being a danger to themselves or others.

A Speaker's Bureau which includes inservice training on suicide prevention to community agencies, including schools.

Referral services to appropriate community agencies for persons in danger of harming themselves or others.

Will deliver emergency messages to homes without phones.

Other Pertinent Information:

Serves residents of Benton County.
Staff have been well trained in suicide prevention.

OREGON STATE POLICE

Station Commander: Lieutenant Charles E. Hayes

Address: 3400 Spicer Rd., Albany, Oregon 97321

Phone: 000-0000 (Business and Emergency)

Hours: 24 hours per day, 7 days per week

Primary Agency Role: Law enforcement/criminal investigations/crime prevention/traffic patrol.

Specific Services Provided in Relation to Youth and Families:

A. Multi-disciplinary Team representation.
B. Deliver emergency messages to/for people on an as-needed basis. Delivery will be made in person, rather than by telephone.
C. Assist schools, when requested, for emergency management of an out-of-control student.
D. Classroom presentation upon request (bicycle safety, drugs, alcohol, rape awareness, vehicle safety, seat belt demonstration).
E. Investigate child abuse (coordinated with Children's Services Division).
F. Investigate all types of crimes, juvenile or adult.

Eligibility Criteria:

Incidents reported should have occurred within the state. On a one-to-one basis, incidents outside of the state are investigated if appropriate or other states are contacted and coordination concerning the incidents are made.

Fees for Service: None

Referral Process: Telephonic or in person

REFERENCES

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IN

C R I S I S

The *At-Risk Youth in Crisis* Handbook Series has been designed to promote interagency agreement on procedures for schools to follow in managing crisis situations with at-risk students. *Volume 1: Introduction and Resources* explains the rationale for the Handbook, tells how it was developed, and guides school districts in adapting the Handbook to meet their own needs. Volume 1 also provides resources on the general subject of collaboration between schools and social service agencies.

Subsequent volumes deal with specific crisis issues: suicide, child abuse, substance abuse, teen parents, school attendance, and so forth. Each volume suggests guidelines for school staff to follow as they respond to immediate crisis situations. In addition, each volume presents long-term prevention strategies, staff and student training programs, policy development guidelines, and other practical materials.

A theme running through all these volumes is the need for interagency cooperation. Schools do play a critical role in preventing and intervening in crisis situations. However, they can neither assume total responsibility for resolving crises, nor abdicate responsibility on grounds that such problems are outside the realm of the educational focus of the school.

A comprehensive, integrated approach, in which schools, parents, and community agencies cooperate and collaborate, is absolutely essential to prevent these problems from occurring and to intervene at the earliest possible moment when they do occur.

This Handbook serves as a model for both content (substantive guidelines for responding to particular crisis situations) and process (procedures for entering into productive collaborative relationships between schools and social service agencies).

By discussing the crisis-response guidelines with the community social service systems, school district personnel can clarify and delineate their own responsibility from community responsibility. Ultimately, the aim of the Handbook is to promote an arena in which the most appropriate service delivery can occur in the school and the community.

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ISBN 0-86552-109-3